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M I N U T E S
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION
OF THE
UNITED KINGDOM;
OF THE
EXECUTIVE COMMITTEE;
AND OF THE
BRANCH COUNCILS
FOR THE YEAR 1874.

VOL. XI.

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1875.

GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

MEETING OF THURSDAY, JULY 9TH, 1874.

President—Dr. GEORGE EDWARD PAGET.

The Royal College of Physicians of London . . . Dr. JAMES RISDON BENNETT.

The Royal College of Surgeons of England . . . RICHARD QUAIN, Esq.

The Apothecaries' Society of London . . . EDWARD BRADFORD, Esq.

The University of Oxford . . Dr. HENRY WENTWORTH ACLAND.

The University of Cambridge . Dr. GEORGE MURRAY HUMPHRY.

The University of Durham . . Dr. THOMAS THOMPSON PYLE.

The University of London . . Dr. JOHN STORRAR.

The Royal College of Physicians of Edinburgh . . } Dr. DANIEL RUTHERFORD
HALDANE.

The Royal College of Surgeons of Edinburgh . . . Dr. ANDREW WOOD.

The Faculty of Physicians and Surgeons, Glasgow . . . Dr. JOHN GIBSON FLEMING.

The Universities of Aberdeen and Edinburgh . . . WILLIAM TURNER, Esq.

The Universities of Glasgow and St. Andrew's . . . Dr. ALLEN THOMSON.

The King and Queen's College
of Physicians in Ireland . Dr. AQUILLA SMITH.
The Royal College of Surgeons
in Ireland RAWDON MACNAMARA, Esq.
The Apothecaries' Hall of Ire-
land Dr. CHARLES HENRY LEET.
The University of Dublin . . Dr. JAMES APJOHN.
The Queen's University in Ire-
land Sir DOMINIC CORRIGAN, Bart.

Dr. WILLIAM SHARPEY.

Dr. EDMUND ALEXANDER PARKES. Nominated by

Dr. RICHARD QUAIN. Her Majesty, with

Sir WILLIAM WITHEY GULL, Bart. the advice of her

Dr. JAMES WARBURTON BEGBIE. Privy Council.

Dr. WILLIAM STOKES.

Dr. FRANCIS HAWKINS, *Registrar.*

(No. 163.)

GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, THURSDAY JULY 9, 1874.

315, OXFORD STREET, LONDON, W.

Present—

Dr. PAGET, *President*, in the Chair.

Dr. BENNETT.	Dr. A. SMITH.
Mr. QUAIN.	Dr. LEET.
Mr. BRADFORD.	Dr. APJOHN.
Dr. ACLAND.	Sir D. CORRIGAN, <i>Bart.</i>
Dr. HUMPHRY.	Dr. SHARPEY.
Dr. PYLE.	Dr. PARKES.
Dr. STORRAR.	Dr. QUAIN.
Dr. ANDREW WOOD.	Sir WM. GULL, <i>Bart.</i> , M.D.
Dr. FLEMING.	Dr. STOKES.
Dr. THOMSON.	

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

1. Letters were read from Sir DOMINIC CORRIGAN, and from Dr. LEET, stating that each of them had been prevented from attending punctually the Meeting of the Council to-day, through the necessity of attending to give evidence before Committees of the House of Commons.

2. *Read*—The following Official Notifications of the Appointment of New Members of the General Medical Council :

Extract from Minutes of Quarterly Meeting of the Royal College of Physicians of Edinburgh, held within their Hall, the fourth day of November, eighteen hundred and seventy-three.

“The Royal College of Physicians of Edinburgh then, on the motion of Dr. WOOD, seconded by Dr. MALCOLM, in pursuance of the power given to them by the Medical Act, appointed Dr. DANIEL RUTHERFORD HALDANE, of Edinburgh, a Fellow of this College, to be a Member of the General Council of Medical Education and Registration of the United Kingdom, for the term of five years from this fourth day of November, eighteen hundred and seventy-three.”

A correct Extract from the Minutes of the Royal College of Physicians of Edinburgh, of 4th November, 1873.

(Signed) D. R. HALDANE, *Secretary*.
CHRIS. DOUGLAS, *Clerk*.

THE UNIVERSITY, ABERDEEN,
1st November, 1873.

We, the Principal and Masters of the University of Aberdeen, in pursuance of the power given to us by the Medical Act, do hereby appoint Professor WILLIAM TURNER, University of Edinburgh, to be a Member of the General Council of Medical Education and Registration of the United Kingdom, for the term of five years from the first day of November, 1873.

(Signed) P. C. CAMPBELL, *Principal*.
WM. MILIGAN, *Sec*.

July 9, 1874.]

GENERAL COUNCIL.

3.

November 11th, 1873.

We, the Senatus Academicus of the University of Edinburgh, in pursuance of the power given to us by the Medical Act, do hereby appoint WILLIAM TURNER, M.B., Professor of Anatomy in the University, to be a Member of the General Council of Medical Education and Registration of the United Kingdom, for the term of five years from the 19th day of October, 1873.

(Signed) JOHN WILSON,
Sec. Senat. Acad.

ROYAL COLLEGE OF SURGEONS IN IRELAND,
DUBLIN, *February 20th, 1874.*

SIR,

I have the honour to inform you that RAWDON MACNAMARA, Esq., M.D., was elected yesterday Representative of this College on the General Medical Council for the space of one year from February the 16th, 1874.

I remain, SIR,

Your obedient Servant,

(Signed) J. STANNUS HUGHES,
Secretary.

Dr. HAWKINS.

COUNCIL OFFICE, WHITEHALL,
November 25th, 1873.

SIR,

I am directed by the Lord President of the Council to transmit to you, for the information and guidance of all whom it may concern, the enclosed Order of Her Majesty in Council of the 20th instant, appointing, for five years, from 20th November, 1873, Dr. EDMUND A. PARKES, and Dr. RICHARD QUAIN, Members of the

General Council of Medical Education and Registration of the United Kingdom, for England, and appointing Dr. J. WARBURTON BEGGIE for Scotland, and reappointing Dr. WILLIAM STOKES for Ireland.

I am, SIR,

Your most obedient Servant,

(Signed) E. HARRISON.

The REGISTRAR,

General Council of Medical Education.

32, Soho Square, W.

At the Court at Balmoral, the 20th day of November, 1873. Present—
The QUEEN'S Most Excellent Majesty in Council.

WHEREAS by an Order of her Majesty in Council, dated the seventh day of November, one thousand eight hundred and sixty eight, Her Majesty was pleased, under or by virtue of the provisions of "The Medical Act," by and with the advice of Her Privy Council, to re-nominate and re-appoint for five years from the seventeenth day of November, one thousand eight hundred and sixty-eight, EDMUND ALEXANDER PARKES, Esquire, Doctor of Medicine, Professor in the Army Medical School, Netley, and RICHARD QUAIN, Esquire, Doctor of Medicine, of Harley Street, London, to be respectively Members of "The General Council of Medical Education and Registration of the United Kingdom," for England, and to re-nominate and re-appoint for a like period ROBERT CHRISTISON, Doctor of Medicine, Professor in the University of Edinburgh, to be a Member of the said General Council for Scotland, and also to re-nominate and re-appoint for a like period WILLIAM STOKES, Esquire, Doctor of Medicine, Regius Professor in the University of Dublin, to be a Member of the said General Council for Ireland. And whereas, under or by virtue of the provisions of the said Act, the said EDMUND ALEXANDER PARKES, RICHARD QUAIN, ROBERT CHRISTISON, and WILLIAM STOKES did, on the seven-

teenth day of November instant, respectively cease, by lapse of time, to be Members of the said General Council. Now, therefore, Her Majesty, by and with the advice of Her Privy Council, doth, under and by virtue of the provisions in that behalf contained in the said "Medical Act," nominate the said EDMUND ALEXANDER PARKES and RICHARD QUAIN to be again, from and after this twentieth day of November instant, respectively members of the said General Council for England, from and after the same date, JAMES WARBURTON BEGGIE, Esquire, Doctor of Medicine, of Great Stuart Street, Edinburgh, to be Member of the said General Council for Scotland, and the said WILLIAM STOKES to be again, from and after the same date, Member of the said General Council for Ireland, the said several nominations to continue for the term of five years from the day last aforesaid.

(Signed) EDMUND HARRISON.

Dr. DANIEL RUTHERFORD HALDANE and PROFESSOR WILLIAM TURNER were then introduced by Dr. ANDREW WOOD.

Dr. RAWDON MACNAMARA was introduced by Dr. STOKES.

Dr. JAMES WARBURTON BEGGIE was introduced by Dr. ANDREW WOOD.

3. The PRESIDENT then proceeded to address the Council as follows :

GENTLEMEN—I congratulate you on your new abode. I trust that the Council at large will be satisfied with the way in which the Executive Committee has carried out the instructions "to obtain Premises where the meetings of the Council may be held and the general business carried on with comfort and convenience."

The result, which you see, has cost not only much time, but some trouble. A Report on the subject will immediately be laid

before you by the Executive Committee; and if any further information be desired, it will gladly be given by the Treasurers or myself. I have thought it advisable that such parts of my correspondence with the late Government as have not already appeared in the minutes of the Executive Committee, should be arranged and placed in the office, so that all that has passed with regard to this house can at any time be readily referred to. The terms on which the Council will hold the house are not so favourable as we had been led to expect. But if any member of the Council thinks that the Executive Committee might have done better, I will beg him to consider *all* the circumstances of the case, and to look at the answer of the then Government to the application of the Council in 1858, and to remember the actual pressing necessity for providing a local habitation for the Council before we should lose the power of retaining even our insufficient accommodation in Soho Square. The letter from the late Government offering this house to the Council was dated the very day of their resignation of office. To one part of this letter I may refer with some gratification—that in which the Lords of the Treasury expressly recognise the claims of the Council to a certain measure of public assistance. These were the grounds on which the application to Mr. Lowe, for apartments, rent free, was made and urged. The claim was expressly disallowed in 1858. I am glad that now it has been, however partially, admitted. It is not quite reasonable or fair that the cost of the work done by the Council should be wholly defrayed out of the Registration fees paid by men entering our profession. The persons benefited by this work are not members of our profession alone or chiefly, but in a much higher degree the general public; for the chief purpose and end of our work is to prevent the entrance into the profession of persons in whose hands the health and lives of the public could not be safely trusted.

I believe—indeed I have no doubt—that to Mr. Lowe we are mainly indebted for the favourable terms on which this house was offered to us. If less favourable than we had reason to expect, they are yet not undeserving acknowledgment. "

From the present Government we have received prompt courtesy. An application to the Treasury for a reasonable concession in regard to the date of the lease was answered by return of post, and the answer was favourable. To the officials of the Office of Works we are really under great obligations for their readiness in receiving suggestions for the requisite alterations in the building, and for the skill and activity with which these have been carried out. The building *was* a mere shell, wholly unfit for our needs. You see what it now is, and can judge what it will be when all that is intended shall have been quite completed.

We are very greatly indebted to the good will and zeal and ability of the Office of Works, for all that they have done has been done, as it were, against time—in a very short period. And we are certainly not less indebted to our Treasurers, and particularly to Dr. QUAIN, who, as many of you know, has been, from first to last, the chief moving spirit in this business. But for him we could not possibly have met here to-day. But for the unsparing devotion of his valuable time to our service—his time by night as well as day—we might now, in this broiling weather, have been cooped up in the corner of Soho Square. We owe, also, not a little to his thoughtfulness and his taste.

But all this is well known to others besides myself, who are better able than I am to express adequately our thanks.

In opening the Session of this spacious Hall, I have one regret only—that *all* those who sat with us in Council last year are not here to-day. Four of them are absent. Sir R. CHRISTISON, whose words added weight to any debate,—whose name has, for so many years, been known and held in respect wherever medicine is studied, representing as he does, in the highest degree, all that for which his University has long been famous. Dr. ALEXANDER WOOD, who, like CHRISTISON, was from the first a member of the Council, and whose great capacity for business, and equal or even greater gifts of oratory must have made him a marked man in any position in which he might have been placed. Dr. MACROBIN—kindly, candid, honest and able. I think it one of the many happy incidents of my connection with the Council, that it gave me his acquaintance

and I hope his friendship. And we miss, too, the genial smile of our friend Mr. HARGRAVE.

But our new Colleagues must not think themselves less welcome because we do not forget their predecessors. We see in their presence that however great may have been any one of our losses, it is not too great to be replaced.

Since the last meeting of the General Council, the Examinations of some of the Medical Authorities have been visited and reported on. It would be superfluous for me to say much of these Reports. They tell their own tales, and tell them with such manifest ability, as to require no commendation of mine. And they do more than convey information respecting particular institutions. They raise some questions of a general kind, the discussion of which cannot fail to be serviceable to that which is our great object, the advancement of Medical Education and of the Standard of acquirements in our Profession.

But though I say no more than this of the Reports themselves, I may be expected to make some mention of the arrangements of the Executive Committee for carrying out the Visitations. In the selection of Visitors regard was had to prior experience as Examiners. Their number was purposely limited, so as to allow of one Visitor inquiring into the Examinations of more than one Licensing Body, and thus helping to guide us towards an equivalency of Standards in parallel cases. I am sure that the Council will think the Executive Committee fortunate in having obtained the services of men so eminently qualified, and whose statements and opinions are entitled to so much respect. By two gentlemen only were the invitations declined—by Dr. JOHN OGLE and Mr. TEALE of Leeds; and in both cases with expressions of regret at their inability. We lost the valued services of Mr. HOLMES on his appointment to the Board of Examiners of the College of Surgeons of England. His nice sense of propriety perceived an incompatibility in the two offices.

In all cases, when practicable, a Physician and a Surgeon were associated in the visitation.

No notice was given beforehand to the Body about to be

visited. The intention to visit was, I believe in all cases, kept secret.

The Reports have not been subjected to any revision by the Executive Committee. In no case has even a single word been altered after the Reports had been sent in. As to any instructions beforehand, none were given, except such as were needless in the case of such Visitors. They were no more than that the Reports should be thorough and unfettered—just what the Visitors might observe and think for themselves.

Another work that has been done since our last meeting is the compiling and publication of the Additions to the *Pharmacopœia*. A Report of the Pharmacopœia Committee will bring this under your consideration, and will, I doubt not, meet your approval.

Only a few words more—my last words I may call them—and pray, under the circumstances, forgive their egotism. Five years ago the Council did me the honour of electing me their President. This very day is the anniversary of my election, for I was elected on the 9th of July, at 6 P.M., or thereabouts. In a very few hours, therefore, my period of office will be at an end.

The honour bestowed on me five years ago was the highest I ever received—the highest I should ever care to receive. I am very conscious how small a return I have made for this distinction. But I have endeavoured to make such a return as you would most approve of, for I have tried to discharge my duties to the best of my ability. All honours have their responsibilities, and mine has been no exception. As President, I have been more responsible than any other member for the efficient discharge of the duties of the Council. And our joint responsibilities are not light; for they are of the same kind, and manifold more weighty than the every-day responsibilities of our Profession. Like them, but in a larger sense, they are responsibilities to be measured by men's lives and men's sufferings. To raise and maintain a high standard of acquirements in those who enter our profession is our main duty here. To neglect this duty would be to let men die whose lives might be saved, to let men suffer whose health might be restored.

But in all responsibilities or difficulties, and amidst the many shortcomings of which I am sensible, I have always been sure of the support of the Council. Their kindness has never once failed me. During the entire five years of my office there has not been one single instance in which I have been treated otherwise than with the utmost kindness and consideration by all members of the Council, collectively and individually. I wish I could adequately express my gratitude.

Happily our responsibilities are limited by the extent of our powers, and by the proportion that our powers bear to the largeness and difficulties of our task. The powers given to the Council by the Medical Act are but slender. Its main task, that of elevating Medical Education, is a large one. All great Educational Improvements are great tasks, and though ours be, in one sense, limited, being confined to one profession only; in another sense, it is very large, for its extent is the area of the whole United Kingdom. This is, indeed, a fact, of which the Medical Council may well be proud. Our Council is, as far as I know, the only Body, except the Houses of Parliament, of which both the constitution and functions are truly Imperial; the only body in which English, Scotch, and Irish representative men meet together to consult upon, and devise measures that shall be common to all three divisions of the kingdom. In this the Medical Council sets an example that may well be envied, and might with advantage be imitated. But in this, which may well be our boast, is also, it must be admitted, one of our difficulties. The improvements, to be effectual for their purpose, must proceed *pari passu* throughout the whole United Kingdom. And another impediment to rapid progress is, that our Members, English, Scotch or Irish are, and I would say must be, or ought to be—for the most part, Practitioners of Medicine; men therefore busy at home, and rarely or never meeting except when assembled together in our Annual Session; bringing, therefore, greater diversities of opinion than might perhaps be found if their intercourse were more frequent.

But notwithstanding these obvious difficulties, and though time

is found by experience to be a great and necessary element in all great Educational Improvements, though we have not hitherto succeeded in simplifying our work by reducing to a small number the nineteen separate sets of Examiners, yet our success has not been discouraging when compared with our powers.

It may be, and doubtless is, difficult to estimate the progress that has been made. But at all events we know that a few years ago a man could enter our profession without producing any evidence whatever of general education. *Now* a preliminary education is enforced on all; and the proofs of this are given in almost all cases, prior to the commencement of medical studies. The future influence of this on the social status of our profession can scarcely be over-rated. We know that a few years ago only three or four of the Licensing Bodies made Clinical Examinations a part of their tests of fitness for a diploma. This test was even spoken of as objectionable. *Now* all the bodies insist on it. We know that a few years ago in the Examinations for Medical Commissions in the Army or Navy it was not uncommon to find about forty per cent. of the candidates ignorant and incapable, though already in possession of diplomas both in medicine and surgery. Of late these discreditable failures have become so few as to be almost, if not quite, insignificant. I am happy to say that on the very last occasion of Examinations for Army Medical Commissions, those of March, 1874, which will be laid before you to-day, there was *not one* of these failures. And surely the like signs of improvement are equally manifest *throughout* our profession. Teachers tell us so. Laymen have no doubt of it. Certainly my own experience is so. I know not a few young village practitioners whose acquirements might have placed them a few years ago in the foremost rank of practitioners in large towns.

I do not claim for the Medical Council *all* the credit of these improvements. Something is due to the admirable spirit for doing better and better which pervades our profession, and is kept alive by the medical journals. Some share of the credit may also fairly be given to the Licensing Bodies; *all* of them have improved their Examinations, and some of them have set an admirable

Dr. PAGET, having returned to the Council, resumed the Chair to which he had been unanimously re-elected.

6. The following Committees were then appointed :

Business Committee.

Dr. ANDREW WOOD, *Chairman.*

Dr. A. SMITH.

Dr. LEET.

Dr. HALDANE.

Dr. PYLE.

Moved by Dr. ANDREW WOOD ; *Seconded* by Dr. BEGBIE ; and
Agreed to :

“ That the Finance Committee consist of the following
Members ” :

Dr. QUAIN, *Chairman.*

Dr. BENNETT.

Dr. SHARPEY.

Dr. A. SMITH.

Dr. FLEMING.

7. *Read*—The following Report of the Executive Committee as to the New Premises for the Medical Council :

R E P O R T

OF EXECUTIVE COMMITTEE AS TO THE NEW OFFICES OF THE
COUNCIL.

In pursuance of the Resolution of the General Medical Council of March 5th, 1872, the Executive Committee have been in

communication with the Government, as the Council are aware, for many months. After protracted negotiations they have at last succeeded in obtaining the premises in which the Council are summoned to meet; well-known as formerly the Royal College of Chemistry. The terms on which the house has been granted have been made known to Members of the Council by the Minutes of the Executive Committee of February 23rd, 1874, and March 27th, 1874.

They are, shortly stated, a lease of $31\frac{1}{2}$ years, at a yearly rent of £300, the Government undertaking to expend £1,500 in adapting the building to the wants of the Council, and reserving a right of terminating the lease at the end of 7, 14, or 21 years.

It is estimated that the total annual expenses of the house, including the care of it, the rates, and all other charges, will not be less than £460. This should be borne in due proportions by the General Medical Council and the English Branch Council.

The latter Council resolved, April 2nd, 1874, that they will be prepared to contribute for their accommodation in the same proportion as they have hitherto done in Soho Square. This offer of the English Branch Council is very advantageous to the General Council, and the Executive Committee therefore recommend the Council to accept it.

If this arrangement be adopted, the annual expense chargeable to the General Council may be estimated at one-third of £460, *i.e.*, £153 6s. 8d., which will have to be defrayed out of the per-centage rate, and will therefore fall on the several Branch

Councils in proportions, which will vary a little from year to year.

Taking the per-centage rate as it has been on the average of the last three years, the incidence of the expense of the house on the Branch Councils may be estimated as follows:—

The English Branch will pay—			
Two-thirds of £460 0s. 0d.	£306	13	4
Rateable proportion of £153 6s. 8d.	106	8	5
	<hr/> £413 1 9		
The Scotch Branch will pay	21	16	0
The Irish Branch will pay	25	2	3
	<hr/> £460 0 0		
	<hr/>		

A considerable sum must also be expended in paying for the requisite furniture and fittings. The amount cannot be exactly estimated at present, but it is thought that it will not much exceed £500.

The Executive Committee regret that, notwithstanding the strenuous exertions of the Office of Works, the building is still in a somewhat unfinished state.

Moved by Dr. ANDREW WOOD; *Seconded* by Dr. BEGBIE; and
Agreed to :

“That the Report of the Executive Committee on the new Offices of the Council be received and entered on the Minutes.”

Moved by Dr. STORRAR; *Seconded* by Dr. PYLE; and
Agreed to :

“That the General Council approve the arrangements recommended by the Executive Committee for the apportionment of payment by the Branch Councils of the rent, taxes and expenses of offices, &c.”

8. *Moved* by Sir WILLIAM GULL; *Seconded* by Dr. SHARPEY; and *Agreed to* unanimously :

“That the thanks of the Council be given to Dr. QUAIN for his services in the negotiations and other business connected with the acquisition of, and furnishing the new premises of the Medical Council.”

9. *Read* — The following Opinion of Counsel respecting Diplomas in Midwifery, issued by the Queen’s University in Ireland (*see* Minutes G. C., Vol. X., p. 114):

“We are clearly of opinion that the Medical Council cannot register the Diplomas granted by the Queen’s University in Ireland.

(Signed)

“G. JESSEL.

“CHARLES BOWEN.”

10. The Reports of Visitations of Examinations were then submitted to the Council.

Moved by Dr. ANDREW WOOD and *Seconded* by Dr. PARKES :

“That the Reports of Visitations of Examinations be received and appended to the Minutes of the present Session of the Council.”

Amendment, Moved by Professor TURNER and Seconded by Dr. STORRER :

“That the Reports of the Visitors of Examinations be received, but held for the present as confidential.”

The Amendment was *Negatived*.

The Motion was then put to the Vote and *Carried*.

11. *Moved by Sir W. GULL ; Seconded by Dr. APJOHN ; and Agreed to :*

“That the Reports of the Visitations of Examinations be considered to-morrow in Committee of the whole Council.”

12. *Read*—The following letter :

DINSDALE PARK, DARLINGTON,

Jan. 16th, 1874.

SIR,

I am requested to inform you that at a meeting of the South Durham and Cleveland Medical Society, which was held at Middlesbrough on the 7th inst., the members were unanimous in their opinion that the Medical Council was ineffectual for the proper protection of legally qualified medical men, and for the prosecution of those who are unqualified. It was also maintained that the General Medical Council was the most suitable body for undertaking public prosecutions under the Act.

I am, SIR,

Your obedient Servant,

(Signed) J. W. EASTWOOD, M.D., M.B.C.P.L.,
*President of the South Durham and Cleveland
Medical Society.*

To Dr. FRANCIS HAWKINS.

Moved by Dr. A. SMITH ; *Seconded* by Dr. AGLAND ; and
Agreed to :

“ That an extract from the Minutes containing the Report on Prosecutions adopted in 1859 (see Minutes G. C., Vol. I., p. 35) be forwarded to Dr. EASTWOOD for the information of the South Durham and Cleveland Medical Society.”

13. *Read*—Letters from the Assistant-Secretary to the Board of Trade, respecting two Registered Practitioners who were not allowed to take charge of Emigrant Ships in consequence of their misconduct.

Moved by Sir D. CORRIGAN ; *Seconded* by Sir W. GULL ; and
Agreed to :

“ That the Registrar acknowledge the receipt of the letters and state that the Council have no power to interfere in the cases referred to.”

14. *Read*—A Letter from Dr. WALTER MACKERN, complaining of a Registered Practitioner lending his name illegally to a person unqualified.

Moved by Sir DOMINIC CORRIGAN ; *Seconded* by Dr. A. SMITH ;
and *Negatived :*

“ That the Registrar acknowledge the receipt of the Letter just read, and refer Dr. MACKERN to Clause XL. of the Medical Act, which empowers him to proceed against offenders against that Clause of the Act.”

Moved by Mr. MACNAMARA ; *Seconded* by Dr. LEET ; and
Agreed to :

“ That a Committee be appointed to take Dr. MACKERN's Letter into consideration and to report to this Council at an early date.”

The Committee to consist of—

Mr. MACNAMARA, *Chairman*.

Dr. ANDREW WOOD.

Dr. LEET.

Dr. BENNETT.

Dr. STORRAR.

15. *Moved* by Dr. ACLAND; *Seconded* by Dr. APJOHN; and
Agreed to :

“That Copies be obtained of the Report of the Committee of the House of Commons on the Adulteration of Food : and further, that a Committee be appointed to consider the bearings of that Report on the Qualifications in ‘State Medicine’ or in ‘Public Health,’ instituted by any of the Bodies in Schedule (A) to the Medical Act.”

The Committee to consist of—

Dr. ACLAND, *Chairman*.

Dr. ALLEN THOMSON.

Professor TURNER.

Professor APJOHN.

Dr. STOKES.

Mr. QUAIN.

Professor PARKES.

Sir DOMINIC CORRIGAN.

Mr. BRADFORD.

Confirmed—GEORGE EDWARD PAGET, M.D.,

President.

July 10th, 1874.

(No. 164.)

. GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, FRIDAY, JULY 10, 1874.

315, OXFORD STREET, LONDON, W.

Present—

Dr. PAGET, *President*, in the Chair.

Dr. BENNETT.	Dr. A. SMITH.
Mr. QUAIN.	Mr. MACNAMARA.
Mr. BRADFORD.	Dr. LEET.
Dr. ACLAND.	Dr. APJOHN.
Dr. HUMPHRY.	Sir D. CORRIGAN, Bart.
Dr. PYLE.	Dr. SHARPEY.
Dr. STORRAR.	Dr. PARKES.
Dr. HALDANE.	Dr. QUAIN.
Dr. ANDREW WOOD.	Sir WM. GULL, Bart.
Dr. FLEMING.	Dr. BEGBIE.
Professor WILLIAM TURNER.	Dr. STOKES.
Dr. THOMSON.	

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

1. The Tables showing Results of Examinations were submitted to the Council.

2. *Moved* by Dr. ANDREW WOOD; *Seconded* by Professor TURNER; and *Agreed to* :

“That the Council resolve itself into a Committee of the whole Council, for the consideration of the Reports of Visitations of Examinations, and that they be taken as read.”

3. *Moved* by Dr. A. SMITH; *Seconded* by Mr. QUAIN; and *Agreed to* :

“That a Copy of the Reports of the Visitations of Examinations be placed in the hands of the Reporters now present at the Meeting of the General Medical Council.”

4. *Moved* by Dr. QUAIN; *Seconded* by Dr. PYLE; and *Agreed to* :

“That a copy of the Report of the Visitors of the Examinations of the Society of Apothecaries be forwarded to the Society for their consideration and remarks.”

The Council then resumed.

5. *Moved* by Sir DOMINIC CORRIGAN and *Seconded* by Dr. STORRAB, that the following Minute be made :

“That the Council had been informed, through their Solicitor, that a Registered Person against whom a Summons had been issued to appear before the Council on this day, had shipped for Adelaide, and that the summons for his attendance could not be served upon him.”

Amendment, *Moved* by Mr. MACNAMARA and *Seconded* by Dr. PARKES :

“That the case of the Registered Person be referred to the Branch Council of that division of the Kingdom in which he is registered ; and that it be investigated, and if necessary be dealt with in accordance with Sec. XIV. of the Medical Act.”

The Amendment was *Negatived*.

The Motion was then put to the Vote and *Carried*.

The Council again resolved itself into a Committee of the whole Council.

6, *Moved* by Dr. PARKES ; *Seconded* by Dr. APJOHN ; and *Agreed to* :

- “That the Reports of the Visitors of the First and Second Conjoint Examinations of the Royal Colleges of
- Physicians and Surgeons of Edinburgh, held in July, 1873, be forwarded to the two Royal Colleges for their consideration and remarks.”

7. *Moved* by Dr. BENNETT; *Seconded* by Mr. QUAIN; and
Agreed to :

“That the Reports of the Visitors of Examinations for the Single Qualifications of the Royal Colleges of Physicians and Surgeons of Edinburgh be forwarded to those Bodies respectively for their consideration and remarks.”

8. *Moved* by Dr. PARKES; *Seconded* by Dr. APJOHN; and
Agreed to :

“That the Report on the Second Conjoint Examination of the Faculty of Physicians and Surgeons of Glasgow, and of the Royal College of Physicians of Edinburgh, held on the 15th and 16th January, 1874, be forwarded to the Faculty and to the Royal College for their consideration and remarks.”

9. *Moved* by Dr. A. SMITH; *Seconded* by Sir WILLIAM GULL; and
Agreed to :

“That the Report of the Visitors to inspect the First and Second Examination of Candidates for the Diploma of the Faculty of Physicians and Surgeons of Glasgow be forwarded to the Faculty for their consideration and remarks.”

The hour of Six having arrived, the consideration of the Reports of Visitations of Examinations was adjourned on the motion of Dr. A. SMITH.

Confirmed—GEORGE EDWARD PAGET, M.D.,

President.

July 11th, 1874.

(No. 165.)

GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, SATURDAY, JULY 11, 1874.

315, OXFORD STREET, LONDON, W.

Present—

Dr. PAGET, *President*, in the Chair.

Dr. BENNETT.	Dr. A. SMITH.
Mr. QUAIN.	Mr. MACNAMARA.
Mr. BRADFORD.	Dr. LEET.
Dr. ACLAND.	Dr. APJOHN.
Dr. HUMPHRY.	Sir D. CORRIGAN, Bart.
Dr. PYLE.	Dr. SHARPEY.
Dr. STORRAR.	Dr. PARKES.
Dr. HALDANE.	Dr. QUAIN.
Dr. ANDREW WOOD.	Sir WM. GULL, Bart.
Dr. FLEMING.	Dr. BEGBIE.
Professor WILLIAM TURNER.	Dr. STOKES.
Dr. THOMSON.	

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

1. *Moved* by Dr. A. SMITH; *Seconded* by Dr. STORRAR; and
Agreed to :

“That the Council resolve itself into a Committee of the whole Council.”

The adjourned consideration was resumed of the Reports of Visitations, and of the Motion by Dr. A. SMITH, *Seconded* by Sir WILLIAM GULL, viz. :

“That the Report of the Visitors to Inspect the First and Second Examinations of Candidates for the Diploma of the Faculty of Physicians and Surgeons of Glasgow, be forwarded to the Faculty for their consideration and remarks.”

The Motion was *Agreed to*.

2. *Moved* by Dr. QUAIN; *Seconded* by Dr. HUMPHRY; and
Agreed to :

“That a Copy of the Reports of the Visitors to the several Examinations of the University of Glasgow be forwarded to the University for its consideration and remarks.”

3. *Moved* by Dr. A. SMITH and *Seconded* by Professor TURNER :

“That the Reports of Visitations of the Examinations for ‘Letters Testimonial’ of the Royal College of Surgeons in Ireland be forwarded to that College for its consideration and remarks.”

Amendment, *Moved* by Sir WILLIAM GULL and *Seconded* by Dr. PARKES :

“That the Council has had its attention drawn to the many sources of imperfection in the Examinations conducted for Letters Testimonial of the Royal College of Surgeons of Ireland, and trust that the accompanying Reports of the Visitors at those Examinations, will receive serious attention on the part of the Authorities of the Royal College; and that in any future Visitation the Written Papers of the Candidates may be preserved and submitted without restriction to the Visitors.”

The Amendment was *Carried*, and put as a Substantive Motion.

Amendment, *Moved* by Sir WILLIAM GULL and *Seconded* by Dr. PARKES :

“That the Reports of the Visitors on the Examinations of the Royal College of Surgeons of Ireland be forwarded to the College for its consideration and remarks.

“The Council has had its attention drawn to the many sources of imperfection in the Examinations; and trusts that the accompanying Reports of the Visitors will

receive serious consideration on the part of the Authorities of the Royal College; and that in any future Visitation, the Written Papers of the Candidates may be preserved and submitted without restriction to the Visitors for their perusal."

The Amendment was *Carried*, and being put as a Substantive Motion was again *Carried*.

Confirmed—G. E. PAGET, M.D.,

President.

July 13th, 1874.

(No. 166.)

GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, MONDAY, JULY 13, 1874.

315, OXFORD STREET, LONDON, W.

Present—

Dr. PAGET, *President*, in the Chair.

Dr. BENNETT.	Dr. A. SMITH.
Mr. QUAIN.	Mr. MACNAMARA.
Mr. BRADFORD.	Dr. LEET.
Dr. ACLAND.	Dr. APJOHN.
Dr. HUMPHRY.	Sir D. CORRIGAN, <i>Bart.</i>
Dr. PYLE.	Dr. SHARPEY.
Dr. STORRAR.	Dr. PARKES.
Dr. HALDANE.	Dr. QUAIN.
Dr. ANDREW WOOD.	Sir WM. GULL, <i>Bart.</i>
Dr. FLEMING.	Dr. BEGBIE.
Professor WILLIAM TURNER.	Dr. STOKES.
Dr. THOMSON.	

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

1. The following Returns from the Army Medical Department were laid before the Council :

Moved by Dr. APJOHN; *Seconded* by Dr. PARKES; and
Agreed to :

“ That the Returns from the Army Medical Department be entered on the Minutes, and that the thanks of the Council be given to the Director-General for his courtesy in forwarding the Returns.”

Returns from the Medical Department of the Army, dated respectively September 8th, 1873, and March 4th, 1874 :

ARMY MEDICAL DEPARTMENT,
8th September, 1873.

SIR,

I have the honour to enclose herewith a Statement showing the Degrees, Diplomas, and Licences of the Candidates for Commissions in the Medical Department of the Army, who, in August last, presented themselves for Examination.

I have the honour to be, SIR,

Your obedient Servant,

(Signed) W. M. MUIR, S.G.

For the Director-General.

Dr. F. HAWKINS,

(Registrar)

General Council of Medical Education,

32, Soho Square, London.

STATEMENT of the Degrees, Diplomas, and Licences of the Candidates for Commissions in the Medical Department of the Army, who, in August last, presented themselves for Examination, showing the number that passed, and did not pass, distinguishing the Qualifications, both Medical and Surgical, under the several Licensing Bodies.

NAMES OF LICENSING BODIES.	QUALIFICATIONS.						REMARKS.
	Total	Number of Qualifications.		Deficient in			
		Number passed.	Number failed.	Anatomy.	Surgery.	Medicine.	
Royal Coll. of Physicians, London	2	2	...	...	...	Total number of Candidates . . . 15
Ditto Surgeons, England	4	4	...	...	...
The Society of Apothecaries, London	1	1	...	...	...	Succeeded in obtaining Appoint-ments 11
Royal Coll. of Physicians, Edinburgh	2	2	...	...	...
Ditto Surgeons, Edinburgh	2	2	...	...	...	Succeeded in Examination, but not in obtaining Appointments, there being only 11 vacancies . . . 3
K. and Q. Coll. of Physicians, Ireland	3	3	...	...	...
Royal Coll. of Surgeons, Ireland	4	3	1	...	...	Rejected 1
Apothecaries' Hall, Dublin	1	1	...	...	...
Queen's University of Ireland	2	2	...	...	...	15
University of Aberdeen	2	2	...	...	...
Trinity College, Dublin	2	2	1	...	...	Total
University of Aberdeen	1	...	...	...	...
Queen's University of Ireland.	2	2	...	...	...	Total
Royal Coll. of Surgeons, Edinburgh	2	2	...	...	...
Trinity College, Dublin	1	1	...	...	...	Total
University of Edinburgh	1	1	...	...	...
Ditto ditto	1	1	...	...	...
TOTAL	33	31	2	...	1		

ARMY MEDICAL DEPARTMENT, 6, WHITEHALL YARD,
8th September, 1878.

ARMY MEDICAL DEPARTMENT,

5th March, 1874.

SIR,

I have the honour to enclose herewith a statement showing the Degrees, Diplomas, and Licences of the Candidates for Commissions in the Medical Department of the Army, who, in February last, presented themselves for examination.

I have the honour to be, SIR,

Your obedient Servant,

(Signed) THOS. G. LOGAN, M.D., K.C.B.

Director-General.

Dr. F. HAWKINS,

*(Registrar)**General Council of Medical Education,**32, Soho Square, London.*

STATEMENT of the Degrees, Diplomas, and Licences of the Candidates for Commissions in the Medical Department of the Army, who, in February last, presented themselves for Examination, showing the number that passed, and did not pass, distinguishing the Qualifications, both Medical and Surgical, under the several Licensing Bodies

NAMES OF LICENSING BODIES.	QUALIFICATIONS.							REMARKS.
	Number of Qualifications.			Deficient in			Medicine.	
	Total.	Number passed.	Number failed.	Anatomy.	Surgery.	Medicine.		
Royal Coll. of Surgeons, Ireland	8	8	..	..	..	..	Total number of Candidates . . 18
K. and Q. Coll. of Physicians, Ireland	5	5	..	..	..	..
Royal Coll. of Surgeons, Edinburgh	4	4	..	..	..	..
Ditto Physicians, Edinburgh	3	3	..	..	..	..
Royal Coll. of Surgeons, England	2	2	..	..	..	..	Succeeded in obtaining Appoint-ments 16
Queen's University, Ireland	4	4	..	..	..	..
University of Dublin	1	1	..	..	..	..
Apothecaries' Hall, Dublin	1	1	..	..	..	..
University of Edinburgh M.Ch.	1	1	..	..	..	..
Ditto ditto M.B.	2	2	..	..	..	..	Succeeded in Examination, but not in obtaining Appointments, there being only 16 vacancies . 2
Queen's University of Ireland M.D.	5	5	..	..	..	..
University of Dublin M.B.	2	2	..	..	..	..
TOTAL	38	38	..	..	..	..

ARMY MEDICAL DEPARTMENT, 6, WHITEHALL YARD,
4th March, 1874.

2. *Read*—The following Report from the Committee to whom a Letter from Dr. MACKERN was referred (*see Minutes G. C., July 9th, 1874, p. 19*):

REPORT.

The Committee having looked into the case referred to in Dr. MACKERN's letter, have to state to the Council that, though Dr. MACKERN's letter is addressed to the President and Members of the General Medical Council, it refers to a matter, which, in compliance with Standing Order of the Council, (VIII.—1.) ought "to be investigated in the first instance by the Branch Council of that part of the kingdom in which the person whose^o name is proposed to be removed from the Register may reside."

The Committee therefore recommend that Dr. MACKERN's letter be referred to the Branch Council for England, and that Dr. MACKERN be informed that this step has been taken.

(Signed) RAWDON MACNAMARA,
Chairman.

Moved by Mr. MACNAMARA; *Seconded* by Dr. STORRAR; and
Agreed to :

"That the Report of the Committee appointed to consider
Dr. MACKERN's Letter be received and entered on
the Minutes."

Read, also, a Letter from Dr. JAMES DAWSON, of Long Eaton, relative to the same subject.

Moved by Dr. STORRAR; *Seconded* by Dr. ANDREW WOOD; and *Agreed to* :

“ That the correspondence with Dr. MACKERN and Dr. DAWSON be referred to the Branch Council for England.”

3. *Read*—A correspondence with the Royal College of Physicians of Edinburgh, respecting the case of Mr. JOHN PERMEWAN.

4. *Read*—A Letter from the Registrar of the University of London, enclosing a Letter from the Home Office, respecting the Conjoint Examinations.

Moved by Dr. STORRAR; *Seconded* by Sir W. GULL; and *Agreed to* :

“ That these Letters be entered on the Minutes.”

UNIVERSITY OF LONDON,

BURLINGTON GARDENS, W.

July 7th, 1874.

DEAR SIR,

I am directed by the Senate of the University of London to forward to you the accompanying copy of a letter from the Home Secretary, from which it will be seen that the University will now be

enabled fully to co-operate in the Scheme of Conjoint Medical Examination, which has been approved by the Medical Council.

I remain, DEAR SIR,

Yours faithfully,

(Signed) WILLIAM B. CARPENTER.

Dr. FRANCIS HAWKINS.

[COPY.]

WHITEHALL, 29th June, 1874.

SIR,

I have the honour to acknowledge the receipt of your letter of the 18th instant, and to inform you that I approve of the following Resolution of the Senate of the University of London, viz. :—

“ That henceforth no Candidate, unless he have passed the Preliminary Scientific (M.B.) Examination before the final adoption of the Scheme of Conjoint Medical Examinations, shall be admitted to the second M.B. Examination of the University of London, until he shall have passed the Final Examination of the Conjoint Board.”

I have the honour to be, SIR,

Your obedient Servant,

(Signed) RICH. ASSHETON CROSS.

The REGISTRAR of the

University of London.

5. *Read*—A Petition from Mr. JOHN JOSEPH RAY, Licentiate of the Colleges of Physicians and Surgeons of Ireland, for permission to alter his name on the *Medical Register*.

Moved by Dr. PARKES; *Seconded* by Dr. FLEMING; and *Agreed to* :

“ That the Letter from Mr. JOHN JOSEPH RAY be referred to the Branch Council for Ireland, for the purpose of ascertaining the facts, and of altering the spelling of the name, if it be found proper to do so.”

6. *Read*—A Letter from the Pharmaceutical Society of Great Britain, inclosing Copy of a Resolution of the Council of that Body.

7. *Moved* by Mr. MACNAMARA; *Seconded* by Dr. A. SMITH; and *Agreed to* :

“That it is advisable that in future proof sheets, as printed, but previous to publication, of the General Register, should be forwarded to the Branch Registrars for each division of the Kingdom for revision.”

8. *Moved* by Mr. MACNAMARA; *Seconded* by Dr. A. SMITH; and *Agreed to* :

“That it be referred to Mr. OUVRY to instruct the Executive Committee as to the strictly legal manner in which additional titles, changes of residence, and erasures of names, should be effected on the General Register.”

On Motion from the Chair, the Council resolved itself into Committee of the whole Council.

9. *Moved* by Dr. HUMPHRY; *Seconded* by Dr. BENNETT; and *Agreed to* :

“That the Reports on the Visitations of the Medical Examinations in the Queen’s University, in Ireland, held June 1873, and September 1873, be forwarded to that University for consideration and remarks.”

10. *Moved* by Dr. PARKES and *Seconded* by Sir WILLIAM GULL :

“ That the Council desire particularly to call the attention of the Queen’s University to defects noticed in the Second Report in the Preliminary Examination, and in some of the subjects of the Professional Examinations.”

The Council resumed ; and, the hour of Six having arrived, the consideration of the Reports of Visitations of Examinations was adjourned on the motion of Sir DOMINIC CORRIGAN.

Confirmed—G. E. PAGET, M.D.,
President.

July 14th, 1874.

(No. 167.)

GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, TUESDAY, JULY 14, 1874.

315, OXFORD STREET, LONDON, W.

Present—

Dr. PAGET, *President*, in the Chair.

Dr. BENNETT.	Dr. A. SMITH.
Mr. QUAIN.	Mr. MACNAMARA.
Mr. BRADFORD.	Dr. LEET.
Dr. ACLAND.	Dr. APJOHN.
Dr. HUMPHRY.	Sir D. CORRIGAN, Bart.
Dr. PYLE.	Dr. SHARPEY.
Dr. STORRAR.	Dr. PARKES.
Dr. HALDANE.	Dr. QUAIN.
Dr. ANDREW WOOD.	Sir WM. GUIL, Bart.
Dr. FLEMING.	Dr. BEGBIE.
Professor WILLIAM TURNER.	Dr. STOKES.
Dr. THOMSON.	

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

1. The Council resolved itself into a Committee of the whole Council.

Sir DOMINIC CORRIGAN resumed the consideration of the Reports of Visitations of Examinations, and of the Motion by Dr. PARKES, seconded by Sir WILLIAM GULL, viz. :

“That the Council desire particularly to call the attention of the Queen’s University to defects, noticed in the Second Report, in the Preliminary Examination, and in some of the subjects of the Professional Examination.”

Amendment, *Moved* by Sir DOMINIC CORRIGAN and *Seconded* by Dr. A. SMITH :

“That all comment and criticisms on the Reports of Visitations be suspended until the Reports of Visitations of all the Licensing Bodies be laid before the Council ; and that the Resolution of Sir W. GULL, seconded by Dr. PARKES, on July 11, 1874 (*see* p. 27), in reference to the Royal College of Surgeons in Ireland, be, and is hereby, rescinded.”

The Amendment was *Negatived*.

The Motion was then put to the Vote, and was also *Negatived*.

On Motion from the Chair, the Council resumed.

2. *Moved* by Dr. STORRAR; *Seconded* by Mr. QUAIN; and
Agreed to :

“That the Resolutions of the Council in Committee be
adopted by the Council.”

3. The following Draft of a proposed Bill to Amend the
Medical Act of 1858, 21 & 22 Vict., cap. 90, was taken as
read :

DRAFT OF PROPOSED BILL TO AMEND THE
MEDICAL ACT OF 1858, 21 & 22 VIC., C. 90.

WHEREAS it appears expedient to amend the Medical Act,
August 2nd, 1858, 21 & 22 Vic., C. 90 :

1. Be it, and it is hereby enacted that Section XV. shall be
and is hereby amended so far as permitting persons to be
Registered who are possessed of only one Qualification described
in Schedule (A) of the Act of Vic. 21 & 22, C. 90, and that
from and after the passing of this Act no Person shall be
entitled to be Registered under the provisions of this Act,
unless he possesses a Degree or Licence to practise Medicine
as well as a Degree or Licence to practise Surgery, from some
University or College, or other Body duly authorized to grant
the same.

2. That from and after the

Clause XXXVI. be and is amended as follows:—That from and after the passing of this Act no Person, unless previously Registered, shall be entitled to hold any appointment as a Physician or Surgeon, or other Medical Officer in charge of Sick or Wounded, either in the Military or Naval Service, or in Emigrant or other Vessels, or in any Hospital, Infirmary, Dispensary, or Lying-in Hospital, not supported wholly by Voluntary Subscriptions, or in any Lunatic Asylum, Gaol, Penitentiary, House of Correction, House of Industry, Parochial or Union Workhouse, or Poorhouse, Parish Union, or other Public Establishment, Body or Institution; or to any Friendly or other Society for affording mutual relief in Sickness, Infirmary, or Old Age; or as a Medical Officer of Health, unless he be Registered under this Act, and unless, in addition to his being duly Registered, he shall also be Examined and declared competent for such Appointment by an Examining Board as hereinafter provided, and entitled to append to his Name on the Register, the Letters C.M.B., signifying Civil Medical Board.

3. That within the period of three months from and after the passing of this Act, it shall be the duty of the General Medical Council to appoint a Civil Medical Board, consisting of five Examiners from England, five from Ireland, and five from Scotland, whose duty it will be to Examine all Candidates presenting themselves, who shall have passed the Double Examination in Medicine and Surgery, and obtained their Degrees or Licences to practise Medicine and Surgery from Bodies legally entitled to grant such Degrees or Licences, and have been duly Registered as such, and that on passing

such Examination they shall be entitled to append to their Names C.M.B., and shall be eligible to hold public appointments as provided for under Clause XI. of the Amended Act.

4. That the respective Local Registrars for England, Ireland, and Scotland shall be the Registrars for the Examining Board, and shall keep the Registries and Examination Lists in such form as laid down by the General Medical Council, and that for such additional duties they shall be paid such salary as the General Medical Council shall allow, with the approval of the Commissioners of Her Majesty's Treasury.
5. That the Board of Examiners, as so appointed, shall be an Examining Board only, without any power to inquire into or lay down courses of Education or of Study.
6. That the Fee for Examination and Certificate from the Examining Board shall not exceed Five Pounds, and that in case the amount so received for such Examinations be not sufficient to meet the expenses of the Examining Board, it shall, and may be lawful for the Lords Commissioners of Her Majesty's Treasury to award such sums as may be requisite to pay the salaries of the Boards of Examiners and their Clerks.
7. That the Examiners shall be appointed for three years, but not for a longer period, and shall not be eligible for re-election until after an interval of three years, and that members of the General Medical Council shall not be eligible to be appointed as Examiners.
8. That this Act shall be construed as one with the Medical Act of August 2nd, 1858, entitled "The Medical Act of 1858."

Moved by Sir DOMINIC CORRIGAN and *Seconded* by Dr. A. SMITH :

“That the proposed Draft be adopted as now amended,”
viz. :

WHEREAS it appears expedient to amend the Medical Act,
August 2nd, 1858, 21 & 22 Vic., C. 90 :

1. That from and after the

Clause XXXVI. be and is amended as follows :—That from and after the passing of this Act no person, unless previously Registered, shall be entitled to hold any appointment as a Physician or Surgeon, or other Medical Officer in charge of Sick or Wounded either in the Military or Naval Service, or in Emigrant or other Vessels, or in any Hospital, Infirmary Dispensary, or Lying-in Hospital, not supported wholly by Voluntary Subscriptions, or in any Lunatic Asylum, Gaol, Penitentiary, House of Correction, House of Industry, Parochial or Union Workhouse, or Poorhouse, Parish Union, or other Public Establishment, Body, or Institution ; or to any Friendly or other Society for affording mutual relief in Sickness, Infirmary, or Old Age ; or, as a Medical Officer of Health, unless he be Registered under this Act, and unless, in addition to his being duly Registered, he shall also be Examined and declared competent for such Appointment by an Examining Board as hereinafter provided, and entitled to append to his Name on the Register, the Letters C.M.B., signifying Civil Medical Board.

2. That within the period of three months from and after the passing of this Act, it shall be the duty of the General Medical

Council to appoint a Civil Medical Board, consisting of five Examiners from England, five from Ireland, and five from Scotland, whose duty it will be to Examine all Candidates presenting themselves, who shall have obtained the Degree or Licence to practise Medicine or Surgery from Bodies legally entitled to grant such Degrees or Licences, and have been duly Registered as such, and that on passing such Examination they shall be entitled to append to their Names C.M.B., and shall be eligible to hold public appointments as provided for under Clause XI. of the Amended Act.

3. That the respective Local Registrars for England, Ireland, and Scotland shall be the Registrars for the Examining Board, and shall keep the Registries and Examination Lists in such form as laid down by the General Medical Council, and that for such additional duties they shall be paid such salary as the General Medical Council shall allow, with the approval of the Commissioners of Her Majesty's Treasury.
4. That the Board of Examiners, as so appointed, shall be an Examining Board only, without any power to inquire into or lay down courses of Education or of Study.
5. That the Fee for Examination and Certificate from the Examining Board shall not exceed Five Pounds, and that in case the amount so received for such Examination be not sufficient to meet the expenses of the Examining Board, it shall, and may be lawful for the Lords Commissioners of Her Majesty's Treasury to award such sums as may be requisite to pay the salaries of the Boards of Examiners, and their Clerks.

6. That the Examiners shall be appointed for three years, but not for a longer period, and shall not be eligible for re-election until after an interval of three years, and that members of the General Medical Council shall not be eligible to be appointed as Examiners.

7. That this Act shall be construed as one with the Medical Act of August 2nd, 1858, entitled "The Medical Act of 1858."

The hour of Six having arrived, on the Motion of Sir DOMINIC CORRIGAN the Debate was adjourned.

Confirmed—G. E. PAGET, M.D.,

President.

July 15th, 1874.

(No. 168.)

GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, WEDNESDAY, JULY 15, 1874.

315, OXFORD STREET, LONDON, W.

Present—

Dr. PAGET, *President*, in the Chair.

Dr. BENNETT.	Dr. A. SMITH.
Mr. QUAIN.	Mr. MACNAMARA.
Mr. BRADFORD.	Dr. LEET.
Dr. ACLAND.	Dr. APJOHN.
Dr. HUMPHRY.	Sir D. CORRIGAN, Bart.
Dr. PYLE.	Dr. SHARPEY.
Dr. STORRAR.	Dr. PARKES.
Dr. HALDANE.	Dr. QUAIN.
Dr. ANDREW WOOD.	Sir WM. GULL, Bart.
Dr. FLEMING.	Dr. BEGBIE.
Professor WILLIAM TURNER.	Dr. STOKES.
Dr. THOMSON.	

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

1. The adjourned consideration was resumed of the Motion of Sir DOMINIC CORRIGAN, seconded by Dr. A. SMITH, viz. :

“ That the Draft, as amended, of a proposed Bill to Amend the Medical Act of 1858, 21 & 22 Vict., Cap. 90, be adopted.”

WHEREAS it appears expedient to amend the Medical Act, August 2nd, 1858, 21 & 22 Vic., C. 90 :

1. That from and after the

Clause XXXVI. be and is amended as follows:—That from and after the passing of this Act no Person, unless previously Registered, shall be entitled to hold any appointment as a Physician or Surgeon, or other Medical Officer in charge of Sick or Wounded either in the Military or Naval Service, or in Emigrant or other Vessels, or in any Hospital, Infirmary, Dispensary, or Lying-in Hospital, not supported wholly by Voluntary Subscriptions, or in any Lunatic Asylum, Gaol, Penitentiary, House of Correction, House of Industry, Parochial or Union Workhouse, or Poorhouse, Parish Union or other Public Establishment, Body or Institution; or to any Friendly or other Society for affording mutual relief in Sickness, Infirmary, or Old Age; or as a Medical Officer of Health, he be Registered under this Act, and unless, in

addition to his being duly Registered, he shall also be Examined and declared competent for such Appointment by an Examining Board as hereinafter provided, and entitled to append to his Name on the Registry, the Letters C.M.B., signifying Civil Medical Board.

2. That within the period of three months from and after the passing of this Act, it shall be the duty of the General Medical Council to appoint a Civil Medical Board, consisting of five Examiners from England, five from Ireland, and five from Scotland, whose duty it will be to Examine all Candidates presenting themselves, who shall have obtained the Degree or Licence to practise Medicine or Surgery from Bodies legally entitled to grant such Degrees or Licences, and have been duly Registered as such, and that on passing such Examination they shall be entitled to append to their Names C.M.B., and shall be eligible to hold public appointments as provided for under Clause XI. of the Amended Act.
3. That the respective Local Registrars for England, Ireland, and Scotland shall be the Registrars for the Examining Board, and shall keep the Registries and Examination Lists in such form as laid down by the General Medical Council, and that for such additional duties they shall be paid such salary as the General Medical Council shall allow, with the approval of the Commissioners of Her Majesty's Treasury.

4. That the Board of Examiners, as so appointed, shall be an Examining Board only, without any power to inquire into or lay down courses of Education or of Study.
5. That the Fee for Examination and Certificate from the Examining Board shall not exceed Five Pounds, and that in case the amount so received for such Examinations be not sufficient to meet the expenses of the Examining Board, it shall, and may be lawful for the Lords Commissioners of Her Majesty's Treasury to award such sums as may be requisite to pay the salaries of the Boards of Examiners, and their Clerks.
6. That the Examiners shall be appointed for three years, but not for a longer period, and shall not be eligible for re-election until after an interval of three years, and that members of the General Medical Council shall not be eligible to be appointed as Examiners.
7. That this Act shall be construed as one with the Medical Act of August 2nd, 1858, entitled "The Medical Act of 1858."

The Motion having been put to the Vote, was *Negatived*.

Dr. ANDREW WOOD required that the names and numbers of

those who voted for and against the Motion, and of those who did not vote, should be taken down.

For . 2.

Dr. A. SMITH.

Sir D. CORRIGAN.

Against . 19.

Dr. BENNETT.

Mr. QUAIN.

Mr. BRADFORD.

Dr. ACLAND.

Dr. HUMPHRY.

Dr. PYIE.

Dr. STORRAR.

Dr. HALDANE.

Dr. ANDREW WOOD.

Dr. FLEMING.

Mr. TURNER.

Dr. THOMSON.

Dr. LEET.

Dr. APJOHN.

Dr. SHARPEY.

Dr. PARKES.

Dr. QUAIN.

Dr. BEGBIE.

Dr. STOKES.

Did not Vote :—

THE PRESIDENT.

Mr. MACNAMARA.

Sir W. GULL.

2. *Moved* by Dr. HUMPHRY; *Seconded* by Dr. PARKES; and
Agreed to :

“That the Council recommend that, in the case of Certificates presented before admission to the Examinations of the several Licensing Bodies, each should include a Statement from the Teacher or Teachers, that the Candidate had satisfactorily attended Examinations, from time to time, held on the subject of Study to which the Certificate relates.”

3. *Moved* by Dr. ANDREW WOOD; *Seconded* by Dr. BEGBIE;
and *Agreed to* :

“That it is desirable that, in the Examinations on several of the subjects of the Curriculum—such, for example, as Botany, Zoology, Chemistry, and Materia Medica—the area of Examination should be limited and defined.”

4. *Moved* by Dr. HUMPHRY; *Seconded* by Sir WILLIAM GULL;
and *Agreed to* :

“That it is important that two Examiners, or an Examiner and Assessor should be present at every Clinical as well as Oral Examination.”

[See Minutes G. C. for July 12, 1869, Vol. VII., p. 132, sec. vi.]

Confirmed—G. E. PAGET, M.D.,

President.

July 16th, 1874.

(No. 169.)

GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION

MINUTES OF MEETING, THURSDAY, JULY 16, 1874.

315, OXFORD STREET, LONDON, W.

Present—

Dr. PAGET, *President*, in the Chair.

Dr. BENNETT.	Dr. A. SMITH.
Mr. QUAIN.	Mr. MACNAMARA.
Mr. BRADFORD.	Dr. LEET.
Dr. ACLAND.	Dr. APJOHN.
Dr. HUMPHRY.	Sir D. CORRIGAN, Bart.
Dr. PYLE.	Dr. SHARPEY.
Dr. STORRAR.	Dr. PARKES.
Dr. HALDANE.	Dr. QUAIN.
Dr. ANDREW WOOD.	Sir WM. GULL, Bart.
Dr. FLEMING.	Dr. BEGBIE.
Professor WILLIAM TURNER.	Dr. STOKES.
Dr. THOMSON.	

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

3. *Moved* by Dr. ACLAND; *Seconded* by Dr. QUAIN; and
Agreed to :

“ That the Second Paragraph of the Report be taken as the
First.”

4. *Moved* by Dr. ACLAND; *Seconded* by Dr. ANDREW WOOD;
and *Agreed to* :

“ That the Second Paragraph of the Report, now the First,
be adopted as follows ”:

“ That no one should be eligible for the Office of Public
Analyst, unless he be possessed of a Certificate of Competency
in Analytical Chemistry, in the use of the Microscope, and such
other subjects as the Medical Council shall from time to time
determine, granted by an Examining Board, or Boards, as
hereinafter suggested; or a Qualification as an Officer of Public
Health, which shall include these subjects.”

5. *Moved* by Dr. ACLAND and *Seconded* by Dr. STOKES :

“ That the First, now Second, Paragraph of the Report
be adopted as altered,” viz. :

“ 2. That the Office of Public Analyst may be held separately,
or as a part of the Qualifications of an Officer of Health.”

Amendment, *Moved* by Sir DOMINIC CORRIGAN and *Seconded* by Sir WILLIAM GULL :

“ That the Office of Public Analyst may be held separately,
or in conjunction with that of an Officer of Health.”

The Amendment was *Carried*, and having been put as a Substantive Motion was *Agreed to*.

6. *Moved* by Dr. ACLAND ; *Seconded* by Dr. STOKES ; and *Agreed to* :

“ That the Third Paragraph of the Report be adopted,”
viz. :

“ That it is desirable that the granting the Certificates of Competency for the Office of Public Analyst, or Officer of Health should not be confined to any single Examining Board, but that there should be one or more Examining Boards for that purpose in England, in Scotland, and in Ireland.”

7. *Moved* by Dr. ACLAND ; *Seconded* by Dr. PYLE ; and *Agreed to* :

“ That the Fourth Paragraph of the Report be adopted,”
viz. :

“ That the Medical Council should have authority to define

the subjects of Examination required for Public Analysts and Officers of Health ; and to publish a List of the Bodies which comply with the conditions laid down."

8. *Moved* by Dr. ACLAND ; *Seconded* by Dr. STOKES ; and *Agreed to* :

"That the Fifth Paragraph of the Report be adopted,"
viz. :

"That it is desirable that it should be made lawful that the Qualifications of Public Analyst and of Officer of Health should be entered on the *Medical Register* as additional Qualifications, when the holder is already a Registered Medical Practitioner."

9. *Moved* by Dr. ACLAND ; *Seconded* by Mr. QUAIN : and *Agreed to* :

"That the Sixth Paragraph of the Report be adopted,"
viz. :

"That a Deputation from the Medical Council should be appointed to obtain an interview with the PRESIDENT of the Local Government Board for the purpose of presenting the above resolutions."

The Deputation to consist of—

The PRESIDENT.

Dr. STOKES.

Dr. ANDREW WOOD.

Dr. PARKES.

Dr. ACLAND.

10. *Moved* by Dr. ACLAND ; *Seconded* by Dr. ANDREW WOOD ;
and *Agreed to* :

“ That the Report, as now amended, be adopted.”

REPORT.

1. That no one should be eligible for the Office of Public Analyst unless he be possessed of a Certificate of Competency in Analytical Chemistry, in the use of the Microscope, and such other subjects as the Medical Council shall from time to time determine, granted by an Examining Board, or Boards, as hereinafter suggested ; or a Qualification as an Officer of Public Health, which shall include these subjects.

2. That the Office of Public Analyst may be held separately, or in conjunction with that of an Officer of Health.

3. That it is desirable that the granting the Certificate of Competency for the office of Public Analyst, or Officer of Health, should not be confined to any single Examining Board, but that there should be one or more Examining Boards for that purpose in England, in Scotland, and in Ireland.

4. That the Medical Council should have authority to define the subjects of Examination required for Public Analysts and Officers of Health ; and to publish a List of the Bodies which comply with the conditions laid down.

5. That it is desirable that it should be made lawful that the Qualifications of Public Analyst and of Officer of Health should be entered on the *Medical Register* as additional Qualifications when the holder is already a Registered Medical Practitioner.

6. That a Deputation from the Medical Council should be appointed to obtain an interview with the PRESIDENT of the Local Government Board, for the purpose of presenting the above resolutions.

HENRY W. ACLAND,

July 16th, 1874.

Chairman.

11. *Moved* by Dr. HUMPHRY ; *Seconded* by Dr. STORRAR ; and
Agreed to :

“ That it be recommended that in no case should the Examination of a Candidate by any of the Licensing Bodies in any subject be conducted wholly, or in great part, by the Lecturer or Teacher in that subject in the School in which the Candidate has been educated.”

12. *Moved* by Dr. HUMPHRY ; *Seconded* by Dr. STORRAR ; and
Agreed to :

“ That it is desirable that observation with the Microscope should form part of the Examinations of Candidates for a Licence.”

13. *Moved* by Dr. STORRAR and *Seconded* by Dr. STOKES :

“ That in the opinion of the Council all Examinations should, as far as possible, be objective, and conducted by persons who are experts in the subjects of the Examination assigned to them ; and that in all Examinations, excepting those for Degrees and Fellowships, the questions put should be chiefly such as have a bearing on practice.”

The Motion was *Negatived*.

14. *Moved* by Dr. ANDREW WOOD; *Seconded* by Mr. MACNAMARA;
and *Agreed to* :

“ That the Visitations of Examinations be continued, and
that the Executive Committee be directed to select
Visitors.”

Confirmed—G. E. PAGET, M.D.,

President.

July 17th, 1874.

(No. 170.)

GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, FRIDAY, JULY 17, 1874.

315, OXFORD STREET, LONDON, W

Present—

Dr. PAGET, *President*, in the Chair.

Dr. BENNETT.	Dr. THOMSON.
Mr. QUAIN.	Dr. A. SMITH.
Mr. BRADFORD.	Mr. MACNAMARA.
Dr. ACLAND.	Dr. LEET.
Dr. HUMPHRY.	Dr. APJOHN.
Dr. PYLE.	Sir D. CORRIGAN, Bart.
Dr. STORRAR.	Dr. SHARPEY.
Dr. HALDANE.	Dr. PARKES.
Dr. ANDREW WOOD.	Dr. QUAIN.
Dr. FLEMING.	Dr. BEGBIE.
Professor WILLIAM TURNER.	Dr. STOKES.

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

1. The President informed the Council that the Deputation appointed yesterday had obtained an interview with the President of the Local Government Board.

He stated that the Deputation had placed in the hands of the President of the Local Government Board a copy of the Resolutions of the Medical Council; and that the President and the several members of the Deputation had made a few remarks explanatory of the Resolutions.

They had also expressed the desire of the Council to co-operate with the Government, in any way within their power, which may now or hereafter be required for the development of the best means of Education and Examination in the various departments of knowledge which bear on the Public Health.

2. Dr. PARKES, in pursuance of the Notice which he had given, asked the PRESIDENT if he could inform the Council whether the Schemes for Conjoint Examinations in England and Ireland, which have been sanctioned by the Council, are being carried into effect?

The President replied, referring to communications already made, or about to be made from the University of London and the Society of Apothecaries, and Dr. BENNETT, respecting the Scheme for Conjoint Examinations in England; and to com-

munications from the Bodies uniting in the Scheme for Ireland, already printed in the Minutes of Executive Committee; and a further communication from the Apothecaries' Hall of Ireland.

3. The Council having balloted for the Executive Committee, the following Members were found to be elected—

Dr. BENNETT.

Dr. ACLAND.

Dr. SHARPEY.

Dr. QUAIN.

Dr. ANDREW WOOD.

Dr. A. SMITH.

4. *Moved* by Dr. APJOHN and *Seconded* by Dr. PARKES :

1. "That the Medical Council are of opinion that the number of *Paper* Questions in Chemistry should not be less than ten, and that there should be no limit as to the proportion of those which the Student is required to answer.

2. "That one-half of said Questions should relate to General Chemistry, and that the remainder should be taken from such departments of Chemical Science as have a bearing on Physiology, Pathology, and Medical Jurisprudence.

3. "That the *viva voce* Examination should be such as would test the ability of the Student to solve a

few of the more simple problems in qualitative Analysis, and apply to their respective uses the volumetric solutions of the *British Pharmacopœia*."

The Motion was *Negatived*.

5. The Table showing Results of Examinations was submitted to the Council.

Moved by Dr. AQUILLA SMITH; *Seconded* by Dr. BEGBIE; and *Agreed to* :

"That the Table showing the Results of Examinations be taken as read, and entered on the Minutes."

6. *Read*—The following Letter from the King and Queen's College of Physicians in Ireland :

KING AND QUEEN'S COLLEGE OF PHYSICIANS, IRELAND,

7th July, 1874.

DEAR SIR,

By this post I send you 25 Copies of the Report of the College upon the Report of the Committee of Reference, which this College adopted at a Special Meeting held yesterday.

I am, DEAR SIR,

Yours faithfully,

(Signed) J. MAGEE FINNY,

Registrar.

FRANCIS HAWKINS, Esq., M.D.,

Registrar, General Medical Council.

the date of his Licence ; and further, that the Registrar of each Branch Council shall report to his Council any case where this has been departed from, and take instructions from them as to any future proceeding."

The Motion was *Negatived*.

8. Dr. A. SMITH, in pursuance of notice which he had given, asked the Representative of the University of Aberdeen if any proceedings had been taken by that University respecting an M.D. of Aberdeen, who was sentenced to four months' imprisonment at Inverness Circuit Court, for fabricating Certificates of Vaccination. .

Professor TURNER, in reply to the foregoing question, said that he had no information to give on the subject, but that he would communicate regarding it with the University.

9 *Moved* by Mr. BRADFORD ; *Seconded* by Dr. STORRAR ; and *Agreed to* :

" That the following Letters be entered on the Minutes " :

APOTHECARIES' HALL,

July 19th, 1873.

MY LORD,

The Society of Apothecaries has desired me to communicate with you on the subject of a Bill introduced by the University of London into the House of Commons for removing certain disqualifications which prevented it from uniting with any two or more Bodies in a conjoint Examining Board under the Medical Acts.

This Bill was brought in on the 7th instant, was read a second time on

the 11th, passed Committee without Amendment on the 15th, and was read a third time and passed on the 16th.

No doubt appears to be entertained of its being passed by the House of Lords this Session.

Under these circumstances, the Society desires me respectfully to draw your Lordship's attention to the Correspondence which passed between the Society and the Medical Department of the Privy Council in 1872, and during the present year, and particularly to the Letters addressed to the Society by the direction of your Lordship, on the 14th June, 1872, and the 24th March, 1873.

In deference to the suggestion contained in the Letter of the 14th June, 1872, the Society did not proceed with the Bill which it was about to introduce that Session.

Acting in the same spirit, the Society, as your Lordship will see on referring to the Correspondence of 1873, before taking any further steps itself consulted the Government as to what its own intentions were, and received in reply the communication from the Privy Council of the 24th March, 1873. Not only did the Society attach the greatest importance to this communication (which was received at the time of the Session of the General Medical Council, and laid before that Body), but it was regarded by the Representatives of the whole Medical Profession as indicating the Policy of the Government on the subject of Medical Reform.

The Society admits that this Letter did not go beyond an expression of what the Government itself was prepared to do; but, undoubtedly, an inference was drawn from it, that the Government would not approve any Measure inconsistent with its own Policy.

It would appear from the ease with which the Bill introduced by the

University of London is being passed, that the inference drawn by the Society was incorrect.

. I am desired, under these circumstances, respectfully to intimate to your Lordship, that the Society will introduce early next year the Bill which it had proposed to introduce last Session, but which it refrained from doing in deference to your Lordship's suggestion.

The Society further desires me to express the hope, that in promoting this Measure it will receive from the Government the same facilities as have been accorded to the University of London during the progress of their Bill.

I have the honour to be,

MY LORD,

Your Lordship's very obedient Servant,

(Signed) JAMES RICHARD UPTON,

Clerk of the Society of Apothecaries.

*The LORD PRESIDENT of the
Privy Council.*

MEDICAL DEPARTMENT OF THE

PRIVY COUNCIL OFFICE,

July 31st, 1873.

SIR,

I am directed by the LORD PRESIDENT to acknowledge the receipt of your Letter of the 19th instant, informing his Lordship that the Society of Apothecaries intends early next year to introduce the Bill which it had proposed to introduce last Session, and expressing the hope that, in promoting this measure, the Society will receive from the Government the same facilities as have been accorded to the University of London during the passing of their Bill.

In reply, his Lordship directs me to inform you that, if such a Bill were introduced by the Society next Session, no general measure of Medical Reform being then before Parliament, the Government would take the same course with regard to it as they have taken with regard to the University of London Bill of this Session.

I am, SIR,

Your obedient Servant,

(Signed) JOHN SIMON.

THE CLERK

To the Society of Apothecaries.

10. *Moved* by Mr. BRADFORD ; *Seconded* by Dr. STORRAR ; and
Agreed to :

“ That the following Letter be entered on the Minutes,
the objection to the publication of it having ceased
to exist ” :

APOTHECARIES' HALL, LONDON, E.C.,

5th June, 1874.

MY DEAR SIR,

The Society of Apothecaries has given the fullest consideration to the views expressed on the part of the Branch Medical Council, as to the Society, in their present Bill, obtaining a similar power to that obtained by the University of London last year, namely, the power to make Examination by the Conjoint Board an indispensable condition of being Qualified to be registered as an Apothecary under the Act of 1858.

I may state that the personal feelings of the members of the Society would probably be entirely in accordance with the views entertained by the Branch Medical Council on this point.

The Society as a body are, however, for the following reasons, in a position of considerable difficulty.

Before any intimation of the views of the Branch Medical Council had been made to the Society, they had been obliged to deal with an Amendment of a serious nature, proposed by Mr. STANSFELD, with the view of protecting the alleged rights of women; and the Society had succeeded in coming to a satisfactory arrangement with Mr. STANSFELD in reference to that Amendment.

I will presently point out the difference which exists between the cases of the University of London and the Society of Apothecaries.

But I will first explain that if the Society were to attempt now to introduce a proviso in their Bill, similar to that which exists in the University of London Act, it would be regarded by Mr. STANSFELD as an attempt to take away with one hand what had been conceded by the other, and would be resisted accordingly.

I should add, that Sir JOHN LUBBOCK concurs in the opinion which I am now expressing.

The Society is, therefore, unwilling (whatever the personal feelings of the Members may be) to run the risk of opposition to their Bill by an attempt to introduce a proviso, which does not appear to be an essential feature in their Bill.

The following are the distinctions which exist between the position of our Society and the University of London :—

(1.) The fact of no woman having obtained a Degree or Licence from that Body, would have rendered it difficult for that sex to obtain a *locus standi* before Parliament, so as to insist on the preservation of rights, the existence of which could not be even alleged.

(2.) As regards the two Bodies in question, a comparison of the number of persons likely to be affected on the one hand in the case of the University of London, and on the other hand, in the case of our Society, will make it clear, that what could and did pass *sub silentio* in the former instance, might rouse strong opposition in the latter.

It has (I understand) been urged that the two Colleges have pledged themselves, on the completion of the Conjoint Board, to abstain from conducting separate Examinations.

That pledge the Society is equally ready to give if they become part of the Conjoint Board; a pledge in fact that, having joined, they will not (except under compulsion of a *mandamus*) admit any one to a separate Examination. The two Colleges themselves have at present done nothing more.

The Society, therefore, for the reasons I have mentioned, are unwilling to imperil their Bill in order to secure what does not appear to them an essential feature of it.

I take this opportunity of laying the Bill before you in the form in which it is proposed that it should go through Committee, and trust that it may appear in some respects considerably improved by the alterations which have been made, principally at the suggestion of the Branch Council.

I must, for obvious reasons, ask you to regard this Letter as a private communication, and as not intended for publication.

Yours very faithfully,

(Signed) WILLIAM DICKINSON,
Master.

To Dr. PAGET,

President of the Medical Council.

11. In pursuance of Notice given, Dr. ANDREW WOOD asked the Representative of the Royal College of Surgeons of England if the name of MATTHEW BASS SMITH, which was removed by the Medical Council from the *Medical Register* at its last Session, is still on the roll of Members of the Royal College of Surgeons of England.

In reply, Mr QUAIN stated that the Council of the College of Surgeons in June, 1872, resolved to remove the name of MATTHEW BASS SMITH from the List of its Members, in consequence of circumstances which occurred in a trial for Manslaughter. But, having referred the Case to the Solicitor of the College, they were informed that the only By-law of the College, under which the Case could be included, did not authorize the Council of the College to remove the name of MATTHEW BASS SMITH from the List of its Members. That subsequently (in April, 1873), after the action of the General Medical Council in the Case, the Solicitor of the College of Surgeons, when again applied to, gave his opinion to the same effect.

That the Council of the College have had a By-law framed to enable it to attain the object desired; but that delays occur in obtaining any new By-law, as all such Laws require the sanction of high official persons. The Council of the College, however, earnestly desire to accomplish the object in view.

12. Dr APJOHN *Moved* :

“That the PRESIDENT be requested to ask Mr. MACNAMARA for the information of the Medical Council, whether

the Royal College of Surgeons in Ireland has or has not withdrawn from the Scheme of Conjoint Examination adopted by the King and Queen's College of Physicians (June 28, 1872), and agreed to by the University of Dublin, the Royal College of Surgeons in Ireland, and the Apothecaries' Hall of Ireland; and sanctioned by the General Medical Council (March 31, 1873)."

13. The hour of Six having nearly arrived, it was *Moved* by Dr. ANDREW WOOD; *Seconded* by Dr. BEGBIE; and *Agreed to* :

"That the Standing Orders be suspended, and that the Council meet to-morrow at 12 o'Clock."

Confirmed—G. E. PAGET, M.D.,

President.

July 18th, 1874.

(No. 171.)

GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

MINUTES OF MEETING, SATURDAY, JULY 18, 1874.

315, OXFORD STREET, LONDON, W.

Present—

Dr. PAGET, *President*, in the Chair.

Dr BENNETT.	Dr. A. SMITH.
Mr. QUAIN.	Mr. MACNAMARA.
Mr. BRADFORD.	Dr. LEET.
Dr. ACLAND.	Dr. APJOHN.
Dr. HUMPHRY.	Sir D. CORRIGAN, Bart.
Dr. PYLE.	Dr. SHARPEY.
Dr. STORRAR.	Dr. PARKES.
Dr. ANDREW WOOD.	Dr. QUAIN.
Dr. FLEMING.	Sir W. GULL, Bart.
Professor WILLIAM TURNER.	Dr. BEGBIE.
Dr. THOMSON.	Dr. STOKES.

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

1. The adjourned consideration was resumed of the Motion of Dr. APJOHN, *Seconded* by Dr. PARKES, viz. :

“That the PRESIDENT be requested to ask Mr. MACNAMARA, for the information of the Medical Council, whether the Royal College of Surgeons in Ireland has or has not withdrawn from the Scheme of Conjoint Examination adopted by the King and Queen’s College of Physicians (June 28, 1872), and agreed to by the University of Dublin, the Royal College of Surgeons in Ireland, and the Apothecaries’ Hall of Ireland; and sanctioned by the General Medical Council (March 31, 1873).”

The Motion was *Agreed to*, and the PRESIDENT having asked the above-mentioned question.

Mr. MACNAMARA informed the Council that the Council of the Royal College of Surgeons of Ireland has not withdrawn from the Scheme.

Moved by Dr APJOHN; *Seconded* by Dr PARKES; and *Agreed to* :

“That the Council thank Mr MACNAMARA for his reply to the inquiry of the PRESIDENT, and are glad to find there is a fair prospect that the Royal College of Surgeons in Ireland will eventually give its influential co-operation in carrying out the Irish Scheme of Conjoint Examination, which has been sanctioned by the Medical Council.”

2. *Moved* by Mr MACNAMARA and *Seconded* by Dr LEET :

“That, in the opinion of this Council, all Examinations on Anatomy should, so far as practicable, include the performance by each Candidate of actual Dissections ; and, that all those on Surgery should include the performance by each Candidate of two or more Operations on the dead Subject.”

With the consent of the Council, the Motion was withdrawn.

3. *Moved* by Dr. SHARPEY ; *Seconded* by Dr. PYLE ; and
Agreed to :

“That the following Report of the Pharmacopœia Committee be received and entered on the Minutes” :

.

R E P O R T.

1. The Pharmacopœia Committee beg to report that the Resolutions adopted by the Council, at its last Meeting, in reference to the publication of a Reprint of *The Pharmacopœia*, and of certain Additions, in the form of a Supplement, have been carried out.

2. Five Thousand Copies of the Reprint have been prepared, and with them a corresponding number of the Additions have been bound up for sale, without any addition to the price of the Work.

3. Ten Thousand Copies of the Additions have been bound separately. The price of these Copies has been fixed by the Executive Committee at 9*d.* each.

4. The cost of Printing the Reprint and the Additions, together with the amount paid to Dr. REDWOOD for preparing and seeing both Works through the Press, amounts to £738 18*s.* 6*d.*

5. Nearly One Thousand Copies of the Reprint, and 6,500 Copies of the Additions have been sold since publication; realising the sum of £376 13*s.* 6*d.*, and leaving on hand, Stock, the value of which is estimated at £891 16*s.*

6. The Committee beg to recommend that the Pharmacopœia Committee be reappointed, and that it consist of Five Members.

7. They also recommend that the duties of the Committee be to superintend all matters relating to the *Pharmacopœia*, more especially to consider the publication hereafter of a New Edition of the work, and of the steps which should be taken for its preparation.

8. The Committee beg to state that there are no outstanding liabilities on account of the *Pharmacopœia*.

9. A Statement of the Debtor and Creditor Account of the Reprint and additions of the *Pharmacopœia* is appended.

W. SHARPEY,

16th July, 1874.

Chairman.

STATEMENT OF "PHARMACOPŒIA" ACCOUNT (1867) WITH ADDITIONS (1874).

EXPENDITURE.		RECEIPTS.	
	£ s. d.		£ s. d.
Reprinting 5,000 Copies of <i>The Pharmacopœia</i>		By Sale of 988 Copies of Reprinted <i>British</i>	
1867	488 5 0	<i>Pharmacopœia</i>	205 4 0
Printing 5,000 Copies of Additions, and		„ Sale of 6526 Copies of Additions to <i>Phar-</i>	
binding in cloth, lettered, &c.	105 13 6	<i>macopœia</i> (1867)	171 9 6
Ditto	95 0 0		
Paid Dr. REDWOOD	50 0 0		376 13 6
		„ Estimated value of 4000 Copies of Reprint	800 0 0
		„ Value of 3400 Copies of Additions . . .	91 16 0
Balance in favour	529 11 0		
			£1,268 9 6

Moved by Dr. SHARPEY and *Seconded* by Dr. BENNETT :

“ That the Report of the Pharmacopœia Committee be adopted.”

Amendment, *Moved* by Professor TURNER and *Seconded* by Dr. STORRAR :

“ That the Report of the Pharmacopœia Committee be adopted, with the exception of the words in paragraph 7, from ‘more especially’ to the end of the paragraph.”

• The Amendment was *Carried*.

The following Committee was then named, viz. :

Dr. QUAIN, *Chairman*.

Dr. BEGBIE.

Dr. BENNETT.

Dr. SHARPEY.

Dr. A. SMITH.

Moved by Sir DOMINIC CORRIGAN ; *Seconded* by Dr. A. SMITH ;
and *Agreed to* :

“ That the attention of the Pharmacopœia Committee be requested to the desirability of correcting, in any future edition of the *Pharmacopœia*, the ap-

proximate solubilities of Salts, and other substances, under the head of 'Characters and Tests,' instead of the present indefinite information afforded in the present *Pharmacopœia*."

4. *Moved* by Dr. LEET; *Seconded* by Dr. QUAIN; and
Agreed to :

"That this Council consents to the proposal that the Apothecaries' Hall of Ireland be allowed to appoint three Examiners, instead of one, in Practical Pharmacy, under the Scheme for the formation of a Conjoint Examination in Ireland, bearing date the 28th of June, 1872."

5. Recommendation of the Executive Committee relative to the List of Examining Bodies whose Examinations fulfil the conditions of the Medical Council, as regards Preliminary Education, was submitted to the Council, viz :

"The Committee recommend that the List be the same as last year, with the addition of 'The Oxford and Cambridge Schools' Examination Board.'"

The Recommendation of the Executive Committee was *Agreed to*, provided the subjects examined on shall be such as are required by the General Medical Council.

6. *Moved* by Dr. HUMPHRY; *Seconded* by Dr. STORRAR, and
Agreed to :

“That in addition to the Examinations already recognized by the General Medical Council, the Junior Local Examinations conducted by the English Universities should be recognized for the Preliminary Education of Medical Students, provided that Latin and Mathematics, and also one of the following optional subjects, viz., Greek, French, German, Natural Philosophy, including Mechanics, Hydrostatics, and Pneumatics, are among the subjects included in the Pass Certificate.”

On the Motion of Dr. ANDREW WOOD, *Seconded* by
Sir DOMINIC CORRIGAN,

The Council adjourned for Twenty Minutes.

7. *Moved* by Dr. BENNETT; *Seconded* by Mr. BRADFORD; and
Carried :

“That the Council do express their satisfaction at learning from the statement of the President, and from the documents laid before them by the Representative of the Royal College of Physicians of London, that the arrangements for carrying out the Scheme for a Conjoint Examining Board for England are so far advanced as to render it probable that the Scheme will be in operation during the present year, and

that, with the exception of the Society of Apothecaries, all the English Licensing Bodies have concurred in the Scheme, and have appointed their representatives on the Committee of Reference, by whom the necessary regulations have been framed. The Council are further pleased to learn that the Society of Apothecaries have obtained by a recent Act of Parliament the means they required to enable that Body also to join the Scheme, and thus to fulfil the desire expressed by the Council in their Minutes of March 1, 1872, that the Scheme as sanctioned by them should be rendered a complete Scheme for a Conjoint Board for England."

8. *Moved* by Dr. HUMPHRY; *Seconded* by Dr. ANDREW WOOD; and *Agreed to* :

"That the Executive Committee be requested to revise the "Recommendations and Opinions of the General Medical Council;" to incorporate with them Resolutions 2, 3, 4, 11 and 12, (*see* Minutes of this Session, pp. 51 and 60, also Resolutions 5 and 6 of this day), and to forward the Recommendations and Opinions so amended to the several Licensing Bodies."

9. *Moved* by Dr. A. SMITH; *Seconded* by Dr. FLEMING; and *Agreed to* :

"That the Report of the Finance Committee be received and entered on the Minutes."

R E P O R T.

The Finance Committee beg leave to submit to the Council, in the annexed Table, a Statement of the *Income* and of the *Expenditure* of the Council during each of the years 1872 and 1873, and of the estimated *Income* and *Expenditure* for the year 1874.

It will be seen that the actual *Income* for the year 1873 was less by the sum of £768 16s. than that of the year 1872. This difference is almost entirely due to the exceptionally large amount of Fees received for Registration by the several Branch Councils in 1872, and not to any special decrease in the *Income* of the year 1873, which was not below the average. It will also be seen that the Balance in favour of *Income* in 1872 was £2260 3s. 7d., whilst in 1873 the Balance amounted to only £212 17s. 6d. This difference is due to the fact of the Council having sat during only five days in 1872, whilst in 1873 the sittings of the Council extended to nine days; further, it will be observed, that a sum of £598 10s. has been expended in 1873 on account of the Visitations of Examinations. On this point, the Committee think it may interest the Council to know that a further sum of £301 18s. has been paid on account of these Visitations, which will be included in next year's account, making the entire cost of the Visitations £900 8s.

With respect to Estimate for the present year, the *Income* will probably not be less than that of the preceding year, whilst the Estimated *Expenditure* has been necessarily increased to meet the charges which will accrue in connection with the occupation of the New Premises.

The Committee beg to mention that they have received a Letter from the Clerks to the Council, Messrs. BELL and ROOPE, which they have referred to the Executive Committee, who have authority to deal with the subject of the Letter, in accordance with the Minutes of the General Council, April 3rd, 1873.

RICHARD QUAIN, M.D.

July 17th, 1874.

10. *Moved* by Dr. QUAIN ; *Seconded* by Sir WILLIAM GULL ;
and *Agreed to* :

“ That the Report of the Finance Committee, as now read,
be adopted.”

The PRESIDENT then tendered the resignation of his Office.

11. *Moved* by Dr. ANDREW WOOD ; *Seconded* by
Sir DOMINIC CORRIGAN ; and *Carried* by acclamation :

“ That this Council cannot part with their late PRESIDENT,
Dr. PAGET, without expressing to him their great
obligations for his valuable services as their
PRESIDENT, which have been so ungrudgingly devoted,
at large sacrifices to himself, for the good of
the Council and the Profession,—for the uniform
courteousness of his demeanour—for the impartiality
of his decisions—and for the discretion of his conduct
in the Chair—which have secured for him the esteem
and affection of the Members of the Council, and
have conduced greatly to the efficiency of the action
of the Council in raising the status of the Medical
Profession.”

By desire of the Council, Dr. STOKES took the Chair.

Sir WILLIAM GULL (having first requested Dr. ACLAND to retire) *Moved*, and Mr. QUAIN *Seconded* :

“That Dr. ACLAND should be elected President of the Medical Council.”

The Motion was *Agreed to*.

Dr. ACLAND then took the Chair, which Dr. STOKES had quitted.

Moved by Dr. A. SMITH ; *Seconded* by Dr. BEGBIE ; and *Agreed to* :

“That the powers and duties heretofore delegated to the Executive Committee shall be vested in the said Committee until the next Meeting of the General Medical Council.”

Moved by Dr. A. SMITH ; *Seconded* by Dr. BEGBIE ; and *Agreed to* :

“That the cordial thanks of this Council are due, and are hereby tendered to Dr. ANDREW WOOD for his services as Chairman of the Business Committee during the present Session of the Council.”

Moved by Dr. A. SMITH; *Seconded* by Dr. BEGGIE; and
Agreed to :

“That the thanks of the Council are due, and are hereby
tendered to the Treasurers, Dr. QUAIN and Dr. BENNETT,
for their important services.”

Confirmed—HENRY W. ACLAND,
President.

July 18th, 1874.

(No. 172.)

GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

MINUTES OF ADJOURNED MEETING, SATURDAY, JULY 18, 1874.

315, OXFORD STREET, LONDON, W.

Present—

Dr. ACLAND, *President*, in the Chair.

Dr. BENNETT.	Professor WILLIAM TURNER.
Dr. HUMPHRY	Dr. THOMSON.
Dr. PYLE.	Dr. A. SMITH.
Dr. STORRAR.	Dr. SHARPEY.
Dr. ANDREW WOOD.	Dr. BEGBIE.
Dr. FLEMING.	Dr. STOKES.

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed,

(No. 115.)

EXECUTIVE COMMITTEE
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

32, SOHO SQUARE, LONDON, W.

January 22nd, 1874.

Present—

Dr. PAGET, *President*, in the Chair.

Dr. BENNETT.

Dr. A. SMITH.

Dr. ACLAND.

Dr. SHARPEY.

Dr. ANDREW WOOD.

Dr. QUAIN.

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

1. The Annual Accounts of the General and Branch Councils were examined, and, after some corrections had been made, were approved.

Ordered—That they be circulated with the Minutes ; and that, pursuant to Sect. XLIV of the Medical Act (1858), Returns of the Accounts of the General and Branch Councils be laid before both Houses of Parliament in the month of March, and published with the *Medical Register*.

2. *Ordered*—That the *Medical Register* for 1874 be published ; that 3,000 copies be printed ; and that it be left to the Treasurers and Registrar to determine what number of copies should be bound.

3. *Ordered*—That an Alphabetical List be prepared and printed of the Students' Register during the year 1873. That the number of copies printed be 250. That two copies be supplied to each of the Bodies named in Schedule (A) to the Medical Act, and one copy to each of the Medical Schools and Hospitals.

4. The Committee having taken into consideration, in accordance with the Standing Order, cap. vi., sec. 7, the distribution of copies of the *Medical Register* by the Government, it was ordered that the Office of the Chief Commissioner of Police in Dublin be added to the List of Public Offices in Ireland to be supplied by Government with copies of the *Medical Register*.

Jan. 22, 1874.]

EXECUTIVE COMMITTEE.

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5. In accordance with the Standing Order, cap. vi., sec. 11, the List of Examining Bodies recognized by the Medical Council as regards Preliminary Education, was revised.

6. *Resolved*—That a Tenth Volume of Minutes be prepared, containing all the Minutes of the years 1872 and 1873.

7. The Honorary Secretary of the Pharmacopœia Committee having reported that the Reprint of the Pharmacopœia is now ready, together with the Additions, it was ordered that 5,000 copies of them be published, in accordance with the Estimate previously agreed upon with Messrs. SPOTTISWOODE, including the Additions.

Also—That 5,000 copies of the Additions be bound separately, and sold at ninepence per copy.

8. *Resolved*—That the President be requested to see Mr. LAW, the Secretary of the Treasury, on the subject of the Premises for the Medical Council.

9. The Registrar having informed the Committee that he had received from the Secretary of the Royal College of Surgeons in Ireland an Official Notice that the President and Council of that College had appointed RAWDON MACNAMARA, Esq., M.D., to be a Member of the General Medical Council for the term of one year,

from the 16th day of February, 1874; whereas he had previously received an Official Notice as follows :—

“ROYAL COLLEGE OF SURGEONS IN IRELAND,

“*January 7th, 1869.*”

“We, the President and Council of the Royal College of Surgeons, Ireland, in pursuance of the power given to us by the Medical Act, do hereby appoint Dr. WILLIAM HARGRAVE to be a Member of the General Council of Medical Education and Registration of the United Kingdom, for the term of Five Years, from the 16th day of February, 1869.

“J. STANNUS HUGHES,

“*Secretary of Council.*”

“FRANCIS HAWKINS, Esq., M.D.”

And whereas no Official Notice has been received of Dr. HARGRAVE's Resignation of that Appointment, the Registrar was directed to invite the attention of the President and Council of the Royal College of Surgeons in Ireland to the 8th Section of the Medical Act, 1858, which is as follows :—

“The Members of the General Council shall be chosen and nominated for a Term not exceeding Five Years, and shall be capable of Reappointment, and any Member may at any time resign his Appointment by Letter addressed to the President of the said Council, and upon the *Death* or *Resignation* of any Member of the

said Council, some other person shall be constituted a Member of the said Council in his place in manner hereinbefore provided; but it shall be lawful for the Council during such vacancy to exercise the powers hereinafter mentioned."

10. *Resolved*—To restore to the Register the names of the undermentioned persons, whose names have been erased in conformity with Clause XIV of the Medical Act, viz. :—

"It shall be the duty of the Registrars to keep their respective Registers correct, in accordance with the provisions of this Act and the Orders and Regulations of the General Council, and to erase the names of Registered persons who shall have died; and they shall from time to time make the necessary alterations in the Addresses and Qualifications of the persons Registered under this Act; and to enable the respective Registrars duly to fulfil the duties imposed upon them, it shall be lawful for the Registrar to write a letter to any Registered person, addressed to him according to his address on the Register, to inquire whether he has ceased to Practise, or has changed his Residence, and if no answer shall be returned to such letter within the period of six months from the sending of the letter it shall be lawful to erase the name of such person from the Register; provided always that the same may be restored by direction

of the General Council, should they think fit to make an order to that effect."

- COOK, JNO. HENRY Mem. R. Coll. Surg. Eng. 1847.
 Lic. Soc. Apoth. Lond. 1851.
 M.D. Univ. K. Coll. Aberd. 1859.
- COUTTS, JOHN Lic. Fac. Phys. Surg. Glas, 1852.
- KING, THOS. RADFORD Lic. R. Coll. Phys., Edin. 1864.
 Lic. R. Coll. Surg., Edin. 1864.
 M.D. Univ. Edin., 1868.
- LLOYD, JOHN Mem. R. Coll. Surg. Eng. 1864.
 Lic. Soc. Apoth. Lond. 1865.
- MARTIN, JOHN Lic. Soc. Apoth. Lond. 1857.
 Lic. R. Coll. Phys., Edin. 1860.
- MASSON, WM. HERBERT Lic. R. Coll. Phys., Edin. 1866.
 Lic. R. Coll. Surg., Edin. 1866.
- NASH, THOMAS Lic. 1847, Lic. Midwife. 1849,
 R. Coll. Surg. Irel.
 Lic. Apoth. Hall, Dubl. 1848.
 Lic. K. Q. Coll. Phys. Irel. 1849.
 Lic. Soc. Apoth. Lond. 1851.

Jan. 22, 1874.]

EXECUTIVE COMMITTEE.

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POMERY, JAS. ROBT. MORIARTY, Mem. R. Coll. Surg. Eng. 1854.

REED, HENRY WILSON . . . Mem. R. Coll. Surg. Eng. 1839.
M.D. Univ. Edin. 1851.

SMITH, ROBERT Mem. R. Coll. Surg. Eng. 1846.
Lic. Soc. Apoth. Lond. 1849.

Confirmed—G. E. PAGET, M.D.,*President.**February 23rd, 1874.*

(No. 116.)

EXECUTIVE COMMITTEE
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION

32, SOHO SQUARE, LONDON, W.

February 23rd, 1874.

Present—

Dr. PAGET, *President*, in the Chair.

Dr. BENNETT.

Dr. SHARPEY.

Dr. ACLAND.

Dr. QUAIN.

Dr. A. SMITH.

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

Feb. 23, 1874.]

EXECUTIVE COMMITTEE.



1. The Registrar informed the Committee that he had communicated to the President and Council of the Royal College of Surgeons in Ireland the Resolution adopted by the Executive Committee at their last meeting (*see* Minutes, Executive Committee for January 22, 1874, Sec. 9, pp. 3, 4) relative to the appointment of RAWDON MACNAMARA, Esq., M.D., to be a Member of the General Medical Council before the termination of Mr. HARGRAVE'S tenure of that office.

Also, that he had subsequently received a fresh official notice, as follows :—

ROYAL COLLEGE OF SURGEONS IN IRELAND,
Dublin, February 20th, 1874.

SIR,

I have the honour to inform you that RAWDON MACNAMARA, Esq., M.D., was elected yesterday Representative of this College on the General Medical Council for the space of one year from February the 16th, 1874.

I remain, SIR,

Your obedient Servant,

(Signed) J. STANNUS HUGHES,
Secretary.

Dr. HAWKINS.

2. The President communicated to the Committee the following Letter, which he had written to the Secretary of the Treasury, in pursuance of the Resolution adopted by the Committee at their last meeting (*see* Minutes, Executive Committee, for October 23, 1873, Sec. 1, p. 52).

32, SOHO SQUARE,
October 25th, 1873.

SIR,

A Meeting of the Executive Committee of the Medical Council enables me now to reply explicitly to the letter of September 30th (No. 13,233) with which I was favoured by you, on the part of the Lord's Commissioners of Her Majesty's Treasury, containing the offer of

a house in St. Martin's Place, at the rent of £800, or of a portion of the house at £40 a room.

The Executive Committee has requested me to represent to their Lordships that these rents are full rack rents.

The application which was made on behalf of the Medical Council to the late Chancellor of the Exchequer, Mr. LOWE, and which is referred to in your letter of April 14th, was for apartments *rent free*. The application was made in July, 1872, and after many and particular inquiries, both at that time and in January last, Mr. LOWE expressed himself satisfied as to the reasonableness of the application, and promised compliance with it; not indeed to the extent of assigning apartments rent free, but that the rent reserved to the Government should be a low one.

The Medical Council have accordingly been resting satisfied in the assurance that they would be housed by the Government in some suitable building at a rent, at all events, within their means of paying. They are now in danger of being put to extreme inconvenience, for at Christmas next they will be turned out of their present hired offices.

I trust that the Lords Commissioners of the Treasury will not disappoint expectations which were well founded, and have already been made public.

For the information of their Lordships, I may be allowed to state some of the grounds on which the application for apartments rent free was made:—

The Medical Council in its functions, as well as name, is a national body.

It was established by Act of Parliament in 1858.

It is a General Council of Medical Education and Registration for the (whole) United Kingdom, including English, Scotch, and Irish Members.

Six of its Members (one fourth of its number) are nominated by the Crown.

It publishes annually the *Medical Register* which is distributed to 2,000 Government offices.

It prepares and publishes the National *Pharmacopœia*.

It supervises Medical Education throughout the United Kingdom, and particularly the Examinations qualifying for the Diplomas of the nineteen Licensing Bodies.

The object of this supervision is to prevent the entrance into the Medical Profession of incompetent persons, an object approved indeed by

Feb. 23, 1874.]

EXECUTIVE COMMITTEE.

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the Profession, but incomparably more important to the people generally, whose health and lives are not a little concerned in its attainment.

The Executive Committee have inspected the house in St. Martin's Place, and find that, though the locality is the best that could be desired, the accommodation is not suitable to the requirements of the Council.

Perhaps, I may be allowed to mention another building now vacant, which might be adapted to serve these requirements. I mean the dismantled College of Chemistry, in Oxford Street. The building now is a mere shell, fit for no purpose whatever. But it might be adapted to the wants of the Medical Council, and I believe that the Council would be willing to defray the expenses of the requisite alterations, provided that the Lords Commissioners would grant a lease at such nominal or moderate rent as would justify the Council in expending the large sum that would be required to make the building suitable for their accommodation.

I have the honour to be, SIR,

Your faithful Servant,

(Signed) G. E. PAGET,

President.

To WILLIAM LAW, Esq.

The President then submitted the following Letter from the Treasury.

[16,906]

TREASURY CHAMBERS,

17th February, 1874.

SIR,

With reference to the previous correspondence on the subject of providing accommodation for the Council of Medical Education and Registration of the United Kingdom, and to that part of your letter of the 25th October last, which refers to the dismantled College of Chemistry in Oxford Street, I am directed by the Lords' Commissioners of Her Majesty's Treasury to inform you that their Lordships have been in communication with the First Commissioner of Works on the subject, and that, after mature consideration, both of the value of these premises, and of the best manner of recognizing the claims of your Council to a certain measure of public assistance, they have come to the following conclusion, viz. :—

I.—To authorize an expenditure not exceeding £1500 by the Office of Works in carrying out, under their own direction, such work as the

First Commissioner may agree with your Council in thinking necessary for your occupation of the premises.

II.—That all repairs be at the charge of your Council.

III.—That the rent be £300 per annum.

IV.—That your Council take a lease of the premises embodying these conditions, and other usual covenants (including insurance) on the part of the lessees, for $31\frac{1}{2}$ years from Lady-day next, terminable at the option of the First Commissioner of Works after seven, fourteen, or twenty-one years.

I am, SIR,

Your obedient Servant,

(Signed) WILLIAM LAW.

The Resolutions which follow were then adopted by the Committee.

I.—That the President be authorized to accept on behalf of the Executive Committee, the offer from the Treasury of the College of Chemistry.

II.—That the President be requested to point out to the Treasury the urgent necessity which exists for the Premises being prepared as speedily as possible for the occupation of the Council. And that the rent should commence from the date of such occupation.

III.—That the President be requested to communicate to the Solicitor, Mr. OUVRY, the offer of the Government, and the Resolutions of the Executive Committee; and that the Solicitor advise, and co-operate with the President, as far as the President may think necessary, in carrying out the Resolutions of the Council.

IV.—That the President be also requested to express a desire that the Board of Works may be placed in communication as speedily as possible with the President and Treasurers, in reference to the repairs and alterations which may be required; and that as soon as the plans are ready they shall be submitted to the Executive Committee.

Feb. 23, 1874.]

EXECUTIVE COMMITTEE.

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3. *Resolved*—To restore to the Register the names of the undermentioned persons, whose names have been erased in conformity with Clause XIV of the Medical Act viz. :—

“ It shall be the duty of the Registrars to keep their respective Registers correct, in accordance with the provisions of this Act, and the Orders and Regulations of the General Council, and to erase the names of Registered persons who shall have died ; and they shall from time to time make the necessary alterations in the Addresses and Qualifications of the persons Registered under this Act ; and to enable the respective Registrars duly to fulfil the duties imposed upon them, it shall be lawful for the Registrar to write a letter to any Registered person, addressed to him according to his address on the Register, to inquire whether he has ceased to Practise, or has changed his Residence, and if no answer shall be returned to such letter within the period of six months from the sending of the letter it shall be lawful to erase the name of such person from the Register ; provided always that the same may be restored by direction of the General Council, should they think fit to make an order to that effect.”

ADAMS, JOSIAH Lic. Apoth. Hall, Dubl., 1848.

COMPSETT, JAMES { Mem. R. Coll. Surg., Eng., 1867,
Lic. Soc. Apoth., Lond., 1870.

Confirmed—G. E. PAGET, M.D.,

President.

March 27th, 1874.

(No. 117.)

EXECUTIVE COMMITTEE
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

32, SOHO SQUARE, LONDON, W.

March 27th, 1874.

Present—

Dr. PAGET, *President*, in the Chair.

Dr. BENNETT.

Dr. SHARPEY.

Dr. ACLAND.

Dr. QUAIN.

Dr. A. SMITH.

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

March 27, 1874.]

EXECUTIVE COMMITTEE.

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1. The PRESIDENT laid before the Committee the following correspondence, in which he had been engaged with Mr. LAW, the Secretary of the Treasury; and he stated that the whole of it had been communicated to Mr. OUVRY, the Solicitor, who replied that it required no observation from him, until the draft of a lease should have been prepared, which he would then peruse on behalf of the Medical Council.

32, SOHO SQUARE,

February 26th, 1874.

SIR,

In reply to your letter of February 17th (No. 16,906), in which the Lords Commissioners of Her Majesty's Treasury—recognizing the claims of the Council of Medical Education and Registration of the United Kingdom to a certain measure of public assistance—have been pleased to offer the dismantled College of Chemistry, on certain conditions, as apartments for the Council, I have the honor to state that the Executive Committee of the Council have authorized me to accept their Lordships' offer.

But the Committee trust their Lordships will see the reasonableness of the rent not commencing until after the building has been put into a state to admit of its occupation by the Council.

The Committee hope that the sum named by their Lordships may prove to be sufficient for the necessary works. They are extremely desirous that these should be executed as speedily as possible, the Council being in urgent need of the accommodation.

With the view of carrying them out in accordance with the first of their Lordships' conclusions, as set down in your letter, the Committee request that their Lordships will be pleased to put the Treasurers of the Council and myself, with the least possible delay, into communication with the Chief Commissioner of Works.

I have the honor to remain,

SIR,

Your faithful Servant,

(Signed) G. E. PAGET,

*President of the Council of**Medical Education, &c.*

WILLIAM LAW, Esq.

&c. &c.

TREASURY CHAMBERS,

27th February, 1874.

SIR,

I am directed by the Lords Commissioners of Her Majesty's Treasury to acknowledge the receipt of your letter of the 26th instant, on the subject of the accommodation for the Council of Medical Education and Registration, and to transmit to you, with reference thereto, the enclosed copy of a letter which their Lordships have this day caused to be addressed to the First Commissioner of Works.

I am, SIR,

Your obedient Servant,

(Signed) WILLIAM LAW.

THE PRESIDENT OF THE

COUNCIL OF MEDICAL EDUCATION.

&c.

&c.

&c.

TREASURY CHAMBERS,

27th February, 1874.

SIR,

With reference to your letter of 11th November last, I am directed by the Lords Commissioners of Her Majesty's Treasury to transmit to you a copy of a letter which my Lords caused to be addressed to the President of the Council of Medical Education, dated the 17th instant, and of the reply thereto dated 26th instant, upon the subject of providing accommodation for the Council in the dismantled College of Chemistry in Oxford Street, and I am to authorize you to carry out the arrangements specified in the Treasury letter above quoted, subject to the modification proposed by the Council, viz., that no rent should be charged until after the building has been put into a state to admit of its occupation by the Council.

I am to request that you will place yourself in communication with the Medical Council as requested.

I am, &c.

(Signed) WILLIAM LAW.

THE FIRST COMMISSIONER OF WORKS.

March 27, 1874.]

EXECUTIVE COMMITTEE.

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2. The Surveyor of Her Majesty's Office of Works attended the Committee and submitted plans of the alterations which would be requisite in the late College of Chemistry.

These plans were then fully considered, and those were decided upon, which it seemed most desirable to adopt.

3. *Resolved*—That the President and Treasurers be requested to make arrangements, as far as may be, for furnishing the office for the use of the Medical Council.

4. *Read*—A Letter from the Editor of "The Chemist and Druggist Journal" requesting permission to reprint in his Journal the additions to the *British Pharmacopœia* which have recently been made public.

. *Resolved*—That the Editor of "The Chemist and Druggist Journal" be informed that the Executive Committee of the General Medical Council decline to give permission for the proposed reprinting of the additions to the *British Pharmacopœia*, recently issued, as such republication would be an infringement of the copyright vested by a special Act of Parliament in the General Medical Council.

5. *Read*—The following Letters, and accompanying Extract from Minutes of the Branch Council for Ireland.

BRANCH MEDICAL COUNCIL (IRELAND),
35, DAWSON STREET, DUBLIN,
20th March, 1874.

DEAR SIR,

I am directed by this Branch Council to request that you will be so good as to submit to the Executive Committee the annexed extract from the Minutes of their proceedings at their Meeting of the 16th instant.

Believe me, DEAR SIR,

Yours very truly,

DR. HAWKINS,
Registrar, General Medical Council,
32, Soho Square, London, W.

(Signed) W. E. STEELE, M.D.,
Registrar.

At a Meeting of the Irish Branch Council, held on Monday, March 16th, 1874, RAWDON MACNAMARA, F.R.C.S.I., in the Chair—

“*Read*—A Letter from Dr. HAWKINS, dated 24th January, in which he states that strict orders had been given by the Executive Committee that the General Register, as existing on the 1st January, shall be printed with the utmost speed, without waiting to send the proofs to Ireland and Scotland.

“*Resolved*—‘That it appears to this Council absolutely necessary, in order to avoid the occurrence of mistakes in the published *Medical Register*, that the Registrars of each of the Branch Councils should have an opportunity afforded them of correcting the proof; and that a copy of this Resolution be transmitted to the Executive Committee.’

“It appearing to be the practice of the Registrar of the General Council to insert in the General Register additional Qualifications, to alter therein the addresses, and to erase therefrom names of persons originally registered in the office of this Branch Council without the authority of their Registrar—

“*Resolved*—‘That it is contrary to the provisions of the Medical Act, as well as to the Standing Orders of the General Medical Council, Chap. VII., that the Name and Qualifications of any person should be entered in the General Medical Register, as an original registration, or that any addition, alteration, or erasure, should be made therein, until such original registration, addition, alteration, or erasure had been made previously in one of the three Local Registers; and that a copy of this Resolution be transmitted to the Executive Committee.’”

The Registrar explained that, in order to obviate the occurrence of such mistakes in the published *Medical Register*, as are alluded to in the former of the two Resolutions transmitted by the Branch Council for Ireland, henceforward, on the receipt at this office of any copies of entries in the Local Register of either of the Registrars of the Branch Councils for Scotland or Ireland, copies should be returned from hence, with all convenient speed, of the respective entries after they shall have been entered in the General Register.

March 27, 1874.]

EXECUTIVE COMMITTEE.

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The further consideration of the communication from the Branch Council for Ireland was then deferred.

6. *Read*—A Letter from the Registrar of the Branch Council for Ireland, relative to the gratuitous distributions of copies of the *Medical Register*, in which the Registrar stated that applications are being made to him continually for copies of the Register of previous years, which he is of course unable to comply with.

Resolved—That to the notice which has been hitherto issued that “A registered person is entitled to a copy, *gratis*, of the *Medical Register*, published in the year succeeding that in which he was first registered,” the following addition be made, viz., “provided application be made for such copy within the year in which the person applying was first registered.”

7. *Resolved*—To restore to the Register the names of the undermentioned persons, whose names have been erased in conformity with Clause XIV of the Medical Act, viz.:—

“It shall be the duty of the Registrars to keep their respective Registers correct, in accordance with the provisions of this Act, and the Orders and Regulations of the General Council, and to erase the names of Registered persons who shall have died; and they shall from time to time make the necessary alterations in the Addresses and Qualifications of the persons Registered under this Act; and to enable the respective Registrars duly to fulfil the duties imposed upon them, it shall be lawful for the Registrar to write a letter to any Registered person, addressed to him according to his address on the Register, to inquire whether he has ceased to Practise, or has changed his Residence, and if no answer shall be returned to such letter within the period of six months from the

sending of the letter it shall be lawful to erase the name of such person from the Register; provided always that the same may be restored by direction of the General Council, should they think fit to make an order to that effect."

HEAP, CHAS. SYDNEY . . . Mem. R. Coll. Surg. Eng., 1868.

NORRISH, JOHN Mem. R. Coll. Surg. Eng., 1864.

. Lic. Soc. Apoth. Lon., 1865.

8. *Resolved*—That 5,000 more copies be printed forthwith of the Additions to the *British Pharmacopœia*.

Confirmed—G. E. PAGET, M.D.,

President.

May 27th, 1874.

(No. 118.)

EXECUTIVE COMMITTEE
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

32, SOHO SQUARE, LONDON, W.

May 27th, 1874.

Present—

Dr. PAGET, *President*, in the Chair.

Dr. BENNETT.

Dr. SHARPEY.

Dr. ANDREW WOOD.

Dr. QUAIN.

Dr. A. SMITH.

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.
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1. The PRESIDENT informed the Committee that the Apothecaries' Act Amendment Bill, now before Parliament, had been considered by the Branch Council at their Meeting yesterday; and he mentioned various criticisms which had been made by the Branch Council concerning it. But he added that no Resolution had been adopted by the Branch Council on the subject.

Resolved—That the Executive Committee is of opinion that the Apothecaries' Society should take special care that full Powers be given by the Bill to enable their Society to enter into a Conjoint Scheme of Examinations; and that this Resolution be communicated to the Apothecaries' Society.

2. The PRESIDENT having informed the Executive Committee of certain unofficial communications which he had had with the Government, at their request, as to the desirability of a General Bill to enable the Licensing Bodies to form Conjoint Examination Boards, the Executive Committee resolved that the PRESIDENT be requested to write to the Government, and inquire whether they would be willing to make an Official Communication on the matter to the Medical Council, in order to its being brought before the Council for its consideration at its next Meeting.

3. *Resolved*—That the PRESIDENT and Dr. QUAIN be requested to draw up a Report respecting the new Premises, which the Medical Council are about to occupy, and respecting Financial matters connected therewith.

May 27, 1874.]

EXECUTIVE COMMITTEE.

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4. *Resolved*—That the Reports of the Visitors of Examinations deputed, in the year 1873, by the General Medical Council, be circulated, confidentially, among the Members of the Council ; it being understood that they should be regarded as confidential until the Meeting of the General Medical Council.

5. *Resolved*—To restore to the Register the names of the undermentioned persons, whose names have been erased in conformity with Clause XIV of the Medical Act, viz :—

“ It shall be the duty of the Registrars to keep their respective Registers correct, in accordance with the provisions of this Act and the Orders and Regulations of the General Council, and to erase the names of Registered persons who shall have died ; and they shall from time to time make the necessary alterations in the Addresses and Qualifications of the persons Registered under this Act ; and to enable the respective Registrars duly to fulfil the duties imposed upon them, it shall be lawful for the Registrar to write a letter to any Registered person, addressed to him according to his address on the Register, to inquire whether he has ceased to Practise, or has changed his Residence, and if no answer shall be returned to such letter within the period of six months from the sending of the letter it shall be lawful to erase the name of such person from the Register ; provided

always that the same may be restored by direction of the General Council, should they think fit to make an order to that effect."

- ARGENT, SAMUEL Mem. 1853, Lic. Midwif., 1853,
R. Coll. Surg. Eng.
Lic. Soc. Apoth. Lond., 1866.
- HUSTON, ROBERT TODD . . Lic. R. Coll. Surg. Irel., 1867.
Lic. 1868, Lic. Midwif., 1868.
K. Q. Coll. Phys. Irel.

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6. The Regulations of the Oxford and Cambridge Schools Examination Board having been submitted to the Committee, accompanied by an explanatory letter from the Committee of Head-Masters, it was Resolved that the above mentioned Board should be added to the List of Examining Bodies whose Examinations fulfil the conditions of the Medical Council, as regards Preliminary Education.

Confirmed—G. E. PAGET, M.D.,

President.

June 12th, 1874.

(No. 119,)

EXECUTIVE COMMITTEE
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

32, SOHO SQUARE, LONDON, W.

June 12th, 1874.

Present—

Dr. PAGET, *President*, in the Chair.

Dr. BENNETT.

Dr. A. SMITH.

Dr. ACLAND.

Dr. SHARPEY.

Dr. ANDREW WOOD.

Dr. QUAIN.

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

1. *Resolved*—That the PRESIDENT be requested to summon the General Council for Thursday, the 9th of next July.

2. The following Resolution was *Moved* by Dr. BENNETT, and *Seconded* by Dr. QUAIN:

“That the Executive Committee having had under their consideration the Amendments proposed to be introduced into the Apothecaries’ Act Amendment Bill, now before Parliament, express their satisfaction at finding that Bill improved in some respects; but regret that the Bill, as now amended, contains no Clause which would enable the Apothecaries’ Society to refuse their Licence to any person who had not passed the Conjoint Examination in Medicine and Surgery, to be conducted by the English Licensing Bodies, and thus perpetuates the great evil of admitting to the Register persons having only a single and imperfect Qualification.”

The Previous Question was then *Moved* by Dr. WOOD, and *Seconded* by Dr. SMITH; but was not *Carried*; the number of those voting in favour of it being 3, to 4 against it.

The Resolution was then *Carried*; the number in its favour being 4, to 3 against it.

3. *Resolved*—To restore to the Register the names of the undermentioned persons, whose names have been erased in conformity with Clause XIV of the Medical Act, viz.:—

“It shall be the duty of the Registrars to keep their respective Registers correct, in accordance with the

provisions of this Act and the Orders and Regulations of the General Council, and to erase the names of Registered persons who shall have died; and they shall from time to time make the necessary alterations in the Addresses and Qualifications of the persons Registered under this Act; and to enable the respective Registrars duly to fulfil the duties imposed upon them, it shall be lawful for the Registrar to write a letter to any Registered person, addressed to him according to his address on the Register, to enquire whether he has ceased to Practise, or has changed his Residence, and if no answer shall be returned to such letter within the period of six months from the sending of the letter it shall be lawful to erase the name of such person from the Register; provided always that the same may be restored by direction of the General Council, should they think fit to make an order to that effect."

HAY, HARRY DOUGLAS M.B.1867, Mast. Surg.1867.

Univ. Edin. •

HENLEY, THOS. LEAMAN Mem R. Coll. Surg. Eng.,

1843, Lic. Soc. Apoth.

Lond. 1844.

JULIAN, JNO. PAGE Mem. R. Coll. Surg. Eng.,

1852, Lic. Soc. Apoth.

Lond. 1863.

A person applying for the restoration of his name to the Register, having preferred a request that his case might be heard and considered by the Medical Council with closed doors, the Registrar was directed to inform him that his case could only be heard according to the usual custom, that is, in a public manner.

Confirmed—G. E. PAGET, M.D.,

President.

July 7th, 1874.

(No. 120.)

EXECUTIVE COMMITTEE
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

32, SOHO SQUARE, LONDON, W.

July 7th, 1874.

Present—

Dr. PAGET, *President*, in the Chair.

Dr. BENNETT.

Dr. SHARPEY.

Dr. ANDREW WOOD.

Dr. QUAIN.

Dr. A. SMITH.

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

1. *Resolved*—That a Report be presented to the General Council respecting the negotiations with the Government which had been entered into by the Executive Committee, in accordance with the Resolution of the General Council (*see Minutes G. C.*, vol. x., p. 70, s. 11); and the Resolutions of the Executive Committee (*see Minutes Ex. C.*, vol. x., pp. 12, 14, 18, 20, 25); and respecting the terms on which the Premises had been obtained.

2. *Resolved*—That the usual Statutory Notice of the publication of Additions to the *British Pharmacopœia* of 1867 be published in the *Gazette*, in accordance with the provisions of the Act—“To incorporate the General Council of Medical Education and Registration of the United Kingdom, and for other purposes, 7th August, 1862.”

3. In accordance with the Standing Order (cap. vi., sec. 11), the Committee revised the List of Examining Bodies whose Examinations fulfil the conditions of the Medical Council as regards Preliminary Education; and Resolved to recommend that the List be the same as last year, with the addition of “The Oxford and Cambridge Schools Examination Board.”

4. *Resolved*—That the opinion of Counsel respecting Diplomas

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in Midwifery issued by the Queen's University in Ireland (*see* Minutes G. C., vol. x., p. 114), be laid before the General Council.

5. *Resolved*—That the Tables of Results of Examinations for Degrees, Diplomas, and Licences, in 1873, be submitted to the General Council.

Confirmed—G. E. PAGET, M.D.,

President

July 8th, 1874.

(No. 121.)

EXECUTIVE COMMITTEE
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

32, SOHO SQUARE, LONDON. W.

July 8th, 1874.

Present—

Dr. PAGET, *President*, in the Chair.

Dr. BENNETT.

Dr. A. SMITH.

Dr. ACLAND.

Dr. SHARPEY.

Dr. ANDREW WOOD.

Dr. QUAIN.

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

July 8, 1874.]

EXECUTIVE COMMITTEE.

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1. A Report was prepared for presentation to the General Council respecting the negotiations with the Government which had been entered into by the Executive Committee, in accordance with the Resolution of the General Council (*see Minutes G. C.*, vol. x., p. 70, s. 11); and the Resolutions of the Executive Committee (*see Minutes, Ex. C.*, vol. x., pp. 12, 14, 18, 20, 25); and respecting the terms on which the Premises had been obtained.

2. The Programme of Business for the Medical Council was considered and arranged.

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3. *Resolved*—To restore to the Register the name of the undermentioned person, whose name has been erased in conformity with Clause XIV of the Medical Act, viz.:—

“It shall be the duty of the Registrars to keep their respective Registers correct, in accordance with the provisions of this Act, and the Orders and Regulations of the General Council, and to erase the names of Registered persons who shall have died; and they shall from time to time make the necessary alterations in the Addresses and Qualifications of the persons Registered under this Act; and to enable the respective Registrars duly to fulfil the duties imposed upon them, it shall be lawful for the Registrar to write a letter to any Registered person, addressed to him according to his address on the Register, to inquire whether he has ceased to Practise, or has changed his Residence, and if no answer shall be returned to

such letter within the period of six months from the sending of the letter it shall be lawful to erase the name of such person from the Register; provided always that the same may be restored by direction of the General Council, should they think fit to make an order to that effect."

IRVINE, GEORGE RICHARD . . . Mem. R. Coll. Surg., Eng.,
1859.

Lic. Soc. Apoth., Lond., 1861.

Resolved—That no application for restoration to the Register be entertained unless it be accompanied by a certificate of identity from a Clergyman, or Magistrate, or Registered Practitioner.

4. The Resolution of the Branch Council for Ireland of the 16th March, 1874, (*see* Minutes of Executive Committee for March 27th, 1874), having been taken into consideration, it was *Resolved* "That it does not appear to this Committee to be needful to take any action in the matter."

Confirmed—HENRY W. ACLAND, M.D.,
President.

October 22nd, 1874.

(No. 122.)

EXECUTIVE COMMITTEE
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

315, OXFORD STREET, LONDON, W.

October 22nd, 1874.

Present—

Dr. ACLAND, *President*, in the Chair.

Dr. BENNETT.

Dr. SHARPEY.

Dr. ANDREW WOOD.

Dr. QUAIN.

Dr. A. SMITH.

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

1. The vacancy in the Executive Committee, caused by the election of Dr. ACLAND to be President of the General Medical Council, was filled up by the election of Dr. HUMPHRY to be a Member of the Executive Committee (Standing Orders, cap. vi., sect. 5).

2. *Read*—The following Letter from the Home Office :

WHITEHALL,

29th August, 1874.

SIR,

I am directed to acquaint you, for the information of the General Council of Medical Education and Registration, that the attention of the Secretary of State has been called to the fact that the Scotch Procurators Fiscal have, with one exception, been omitted in the annual list for the supply of the *Medical Register* furnished by the Council to the Stationery Office ; and that inconvenience has resulted therefrom ; and, in referring you to your Letter of the 12th June, 1863, in which you transmitted a list of Public Officers to whom the Council proposed that copies should be supplied, in which 80 Procurators Fiscal were included, and which list was approved, I am to state that the Secretary of State was not aware that any of the Officers named in the list had ceased to be furnished with copies of the Register.

As Mr. Secretary CROSS considers it desirable that each Procurator Fiscal should be supplied with a copy annually, I am to transmit a list of these Officers, and to request that you will move the Council to cause

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EXECUTIVE COMMITTEE.

it to be sent to the Stationery Office, to which department the necessary instructions have been given.

I am, Sir,

Your obedient Servant,

(Signed) A. F. O. LIDDELL.

FRANCIS HAWKINS, Esq., M.D.,
Registrar of the Council of Medical Education
and Registration,
315. Oxford Street, W.

The Registrar was directed to assure the Under Secretary of State that the desire of Mr. Secretary Cross would be readily complied with, and carefully attended to in the next distribution of *Medical Registers*.

3. *Read*—The following Letter from Dr. JACKSON, of Hexham, Northumberland, and a subsequent correspondence with the Local Government Board :

HEXHAM, NORTHUMBERLAND,

18th July, 1874.

SIR,

I beg to draw your attention, and that of the Council, to the fact that the Local Government Board refused to accept any Certificate as to the necessity for amputation upon a Pauper, except that of a M.R.C.S., London, thereby causing great inconvenience, as well as pecuniary loss and status to the Scotch Graduates and Licentiates, and a

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corresponding advantage to all members of the R.C.S., London, which ought not to exist in the present day, and I hope may not be beneath the dignity, nor beyond the power, of the Medical Council to adjust.

I am, SIR,

Your obedient Servant,

(Signed) DANIEL JACKSON,

M.D. and L.F.P.S. Glasg.

*To the PRESIDENT of the
General Medical Council.*

GENERAL MEDICAL COUNCIL,

315, OXFORD STREET, LONDON, W.

1st August, 1874.

SIR,

By desire of the President of the General Medical Council, I transmit to you herewith a copy of a letter which he has received from Dr. DANIEL JACKSON, of Hexham, Northumberland.

The President hopes that the Order of the Local Government Board, if it has been correctly understood by Dr. JACKSON, will be reconsidered by the Board.

I am, SIR,

Your obedient Servant,

(Signed) FRANCIS HAWKINS, M.D.

Registrar.

*To the SECRETARY of the
Local Government Board, &c., &c.*

LOCAL GOVERNMENT BOARD,

WHITEHALL, S.W.

19th August, 1874.

SIR,

I am directed by the Local Government Board to acknowledge the receipt of your letter of the 1st inst., enclosing a copy of a letter which has been addressed to the President of the General Medical Council by Dr. DANIEL JACKSON, of Hexham, in reference to the Certificate required by Article 178 of the General Consolidated Order in cases of amputation.

I am directed to state that when the Board revise the General Consolidated Order, which they probably will do before long, they will take care that the point raised in your letter is duly considered. As regards Dr. JACKSON's claim to a fee, the question involved has raised several questions independent of that brought by him under the notice of the President of the General Medical Council.

I am, SIR,

Your obedient Servant,

(Signed) FRANCIS FLETCHER,

Assistant Secretary.

FRANCIS HAWKINS, Esq., M.D.,

*Registrar of the General Council of Medical**Education and Registration,*

315, Oxford Street, W.

Resolved—That the President be requested to confer with the Solicitor to the Council with a view to preparing a communication to be addressed to the Local Government Board, on the case of Dr. JACKSON, and on the subject of the Privileges of Registered Practitioners generally.

4. *Read*—The following Letter from the Home Office; enclosing a Letter from the Coroner for Ellesmere, Salop:

WHITEHALL,

26th September, 1874.

SIR,

I am directed by the Secretary of State to transmit to you, for the information of the General Council of Medical Education and Registration, and for any steps they may think proper to take in the matter, the enclosed copy of a letter from the Coroner for Ellesmere, respecting a man who had falsely represented himself at a request as a Member of the Royal College of Surgeons.

I am, SIR,

Your obedient Servant,

(Signed) HENRY SELWIN IBBETSON.

*To the SECRETARY to the
General Council of Medical Education and
Registration of the United Kingdom,
315, Oxford Street. W.*

[COPY.]

ELLESMERE, SALOP,

21st September, 1874.

SIR,

I have to inform you that on July 4th of this year I held an Inquest on the body of one SAMUEL YOUDE, who died from having taken Laudanum, sold to him by a person of the name of THOMAS TWEMLOW, at that time and still managing a Druggist's business in this town under the name of a person named BROWN who has been dead many years.

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EXECUTIVE COMMITTEE.

At the Inquest above mentioned THOMAS TWEMLOW being sworn stated that "he is a Member of the Royal College of Surgeons of England, and that his Diploma was dated 1860. I called his attention to the fact that his name did not appear in the *Medical Register*. He said he could not account for this, as he was Registered.

I subsequently wrote to the Secretary of the College of Surgeons to know if THOMAS TWEMLOW was a Member, and received answer that, "THOMAS TWEMLOW is not a Member of this College."

I have therefore thought it my duty to acquaint you of the circumstance.

I am, &c.,

(Signed) J. W. ROE, M.D.

Coroner for Ellesmere.

*To the SECRETARY OF STATE for the
Home Department.*

Resolved—That the President be requested to communicate with the Solicitor to the Council respecting the case of THOMAS TWEMLOW (see Report respecting Prosecutions, Minutes G.C., vol. i., pp. 35-6).

5. *Read*—The following Letter from a Registered Practitioner in Scotland, enclosing an advertisement taken from a newspaper :

THURSO, N.B.,

25th September, 1874.

SIR,

I am surprised to find such an advertisement, from a person whose name is on the Register, as that I now enclose.

It is cut from a local newspaper, and from the midst of the advertisements of well known London quacks. None but Country

Practitioners can realize the evil results of advertising quackery, and if such parties are to be protected by Degrees and Registration the results will be still more so.

I am, SIR,

Your obedient Servant,

(Signed) JOHN CRAVEN.

To the PRESIDENT, &c., &c.

Resolved—That a Letter, complaining of a Registered Practitioner, with the Advertisement which it enclosed, be referred to the Royal College of Surgeons of England and Society of Apothecaries of London, from whom the Publisher of the Advertisement received his Qualifications.

6. *Resolved*—That the “Recommendations and Opinions of the General Medical Council,” embodying all the last Regulations up to October 1874, be printed and circulated, in proof, for correction, to the Members of the Executive Committee; and that, subsequently, when corrected, they be forwarded to the Members of the Medical Council, and to the Licensing Bodies.

7. A Letter having been read from the Solicitor, respecting the Draft of the Lease of the Premises in Oxford Street, it was resolved that the President and Treasurers be requested to complete the Lease, in conjunction with Mr. OUVRY, on such terms as they see fit.

8. *Read*—Letters from a Student, having reference to the period for which he should be allowed to date his Professional Studies.

The Registrar was directed to write to the Body referred to in this correspondence, asking for an explanation of the circumstances stated in the Letters; in order that all the facts may be, if necessary, correctly submitted to the General Council.

9. The Committee having taken into consideration the subject of Visitations of Examinations, resolved that the Licensing Bodies, the Examinations of which have not yet been visited and reported upon, should be the Bodies whose Examinations should next be visited. They are as follows :

IN ENGLAND :

The Royal College of Physicians of London.

The Royal College of Surgeons of England.

The University of Oxford.

Ditto Cambridge.

Ditto Durham.

Ditto London.

IN SCOTLAND :

The University of Aberdeen.

Ditto Edinburgh.

Ditto St. Andrew's.

IN IRELAND :

The King and Queen's College of Physicians in Ireland.

The Apothecaries' Hall of Ireland.

The University of Dublin.

Resolved — That the Registrar be directed to communicate with the several Members of the Council, inquiring whether they would be willing to undertake any, and what portion of the Visitations of Examinations. And that a Copy of the Calendar of Examinations be forwarded at the same time to each Member of the Medical Council.

10. *Resolved*—To restore to the Register the names of the undermentioned persons, whose names have been erased in conformity with Clause XIV of the Medical Act, viz. :—

“ It shall be the duty of the Registrars to keep their respective Registers correct, in accordance with the provisions of this Act, and the Orders and Regulations of the General Council, and to erase the names of Registered persons who shall have died; and they shall from time to time make the necessary alterations in the Addresses and Qualifications of the persons Registered under this Act; and to enable the respective Registrars duly to fulfil the duties imposed upon them, it shall be lawful for the Registrar to write a letter to any Registered person, addressed to him according to his address on the Register, to inquire whether he has ceased to Practise, or has changed his Residence, and if no answer shall be returned to such letter within the period of six months from the sending of the letter it shall be lawful to erase the name of such person from the Register; provided always that the name may be restored by direction of the General Council, should they think fit to make an order to that effect.”

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BUCKELL, GEORGE	Mem. R. Coll. Surg. Eng. 1843, Lic. Soc. Apoth. Lond. 1844.
DADÉ, ROBERT	Lic. Soc. Apoth. Lond. 1832, Mem. R. Coll. Surg. Eng. 1835.
EDWARDS, MORGAN JOHN . .	Mem. 1861, Lic. Midwif. 1862, R. Coll. Surg. Eng. M.D. Univ. St. And. 1862, Lic. Soc. Apoth. Lond. 1862.
EVELEIGH, GEORGE	Mem. R. Coll. Surg. Eng. 1836, Lic. Soc. Apoth. Lond. 1836.
HAROLD, EDWARD	Lic. Soc. Apoth. Lond. 1839, Mem. R. Coll. Surg. Eng. 1840.
PARNELL, LOUIS	Mem. R. Coll. Surg. Eng. 1848, Lic. Soc. Apoth. Lond. 1849.
POWELL, SCUDAMORE KYDLEY .	Mem. R. Coll. Surg. Eng. 1866, Lic. Soc. Apoth. Lond. 1867, Lic. Med. Univ. Durh. 1867.
WILKINSON, ALFRED GEORGE .	Mem. R. Coll. Surg. Eng. 1857.

Confirmed—HENRY W. ACLAND, M.D.,*President.*

Nov. 12th, 1874.

(No. 12

EXECUTIVE COMMITTEE
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

315, OXFORD STREET, LONDON, W.

November 12th, 1874.

Present—

Dr. ACLAND, *President*, in the Chair.

Dr. BENNETT.

Dr. SHARPEY.

Dr. HUMPHRY.

Dr. QUAIN.

Dr. A. SMITH.

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

Nov. 12, 1874.]

EXECUTIVE COMMITTEE.

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1. *Read*—A Letter from Dr. ANDREW WOOD, expressing regret that he was unable to attend the Meeting of the Committee.

2. Replies were received to the inquiries which had been addressed to the Members of the Medical Council as to their ability and willingness to undertake any portion of the Visitations of Examinations.

3. *Resolved*—That the following Gentlemen be deputed to visit, along with Members of the Medical Council, for the term of one year from November 1st, 1874, the Examinations of the undermentioned Bodies, viz :

IN ENGLAND :

The Royal College of Physicians of London.

The Royal College of Surgeons of England.

The University of Oxford.

Ditto Cambridge.

Ditto Durham.

Ditto London.

IN SCOTLAND :

The University of Aberdeen.

Ditto Edinburgh.

Ditto St. Andrew's.

IN IRELAND :

The King and Queen's College of Physicians in Ireland.

The Apothecaries' Hall of Ireland.

The University of Dublin.

The Gentlemen thus deputed were as follows :

Dr. ANDREW WHYTE BARCLAY, London.

Dr. JOHN SYER BRISTOWE, London.

GEORGE BUSK, Esq., London.

HENRY POWER, Esq., London.

Dr. WILLIAM LEISHMAN, Glasgow.

Dr. ANDREW DOUGLAS MACLAGAN, Edinburgh.

Dr. JOHN STRUTHERS, Aberdeen.

Dr. PATRICK HERON WATSON, Edinburgh.

Dr. JOHN KELLOCK BARTON, Dublin.

Dr. ARTHUR WYNNE FOOT, Dublin.

JOHN MALLET PURSER, Esq., M.B., Dublin.

WILLIAM STOKES, Esq., M.B., Dublin.

Resolved—That the Common Seal of the General Medical Council be affixed to the Certificates of the appointments of the gentlemen above mentioned to visit the several Examinations.

The Common Seal was affixed, in the presence of the Executive Committee, to the Certificates.

4. Letters proposed to be addressed by the President to the Secretary of State for the Home Department, and to the President of the Local Government Board, were considered and revised. Mr. OUVRY, the Solicitor, attended.

The Letters, as revised, were as follows :

MEDICAL COUNCIL OFFICE,
315, OXFORD STREET,
November 13th, 1874.

SIR,

I have been requested, as President of the General Medical Council, to draw your attention to a subject adverted to in a Letter of the 26th of September, addressed to the Secretary of the Medical Council by the Under Secretary of State for the Home Department.

The question of the General Medical Council undertaking to prosecute in the case of offences under the Medical Act of 1858, was brought before the Council in 1859, on a complaint made to the then Secretary of State. The subject was fully considered, and the opinion which the Council then formed was to the following effect, viz. :

“That it is legally no part of the functions of the Council, according to the Medical Act, to institute proceedings at large for offences against the Act.”

“That the funds at the disposal of the Council were quite inadequate for the purpose.”

Experience since 1859 has shown that these offences, unfortunately, are not infrequent, and that they occur in all parts of the United Kingdom. It is obvious, even if it were otherwise desirable, that it would occasion very serious expense if the Council were to act as Public Prosecutors, and to employ Solicitors in every locality where an offence occurred to get up the evidence for the prosecution ; and

that, in any case, the funds raised by the Council entirely from the Medical Profession could not in fairness be applied to purposes strictly within the province of Public Justice.

In Scotland, and in Ireland, the difficulty has been supposed to be met. But, in point of fact, though there is a Public Prosecutor in each of these Branches of the Kingdom, there has been found practically to be as great a difficulty as in England.

In the case of many offences under the Medical Act, they are rather offences against the commonwealth than against individuals; as, for instance, in the case of Fraudulent Death Certificates, and indeed in the case brought before you by the Coroner of Ellesmere, it is obvious that the offender ought to be prosecuted for forgery,—his offence under the Medical Act being merely punishable by fine.

There is, however, another reason why the Council should not be required to undertake duties of this kind, viz : The time of the Medical Council is, by its constitution, very valuable, its Members being summoned at considerable expense from various parts of the United Kingdom. Any criminal investigation or procedure would be attended with much difficulty, and distract the Council from other important duties assigned by the Act.

Under these circumstances, I am justified, I hope, in requesting you to take into your consideration this subject, which the Council considers one of great public importance, adding the assurance that the Council will be ready to give the utmost consideration to any further point which you may do them the honour to bring before them.

I have the honour to be,

SIR,

Your obedient Servant,

(Signed) HENRY W. ACLAND,

President of the Gen. Med. Council.

To the Right Hon. The SECRETARY OF STATE
for the Home Department.

Nov. 12, 1874.]

EXECUTIVE COMMITTEE.

~~SE~~

MEDICAL COUNCIL OFFICE,

315, OXFORD STREET,

November 13th, 1874.

SIR,

I have been requested, as PRESIDENT of the General Council of Medical Education and Registration of the United Kingdom, to draw your attention to the subject adverted to in a Letter of the 19th August last, addressed to the Registrar of the Medical Council by the Secretary of the Local Government Board.

In that Letter it was stated that whenever the Board revised the Consolidated Order, which they will probably do before long, they will take care that the point raised by the Registrar of the Medical Council, in his Letter of the 1st of August, shall be duly considered.

With a view to that consideration, I would take leave to point out that the policy of the Medical Act (1858) was to abolish any distinction between Qualified and Registered Practitioners within Her Majesty's Dominions; and accordingly by Sect. 31, "Every person Registered under this Act shall be entitled, according to his Qualification or Qualifications, to practise Medicine or Surgery, or Medicine and Surgery as the case may be, in any part of Her Majesty's Dominions."

It seems, therefore, contrary to the spirit of the Act to prescribe that Certificates, required by Article 178 of the General Consolidated Order, should be received only from Members of the Royal College of Surgeons of England.

On these grounds I would venture to urge that the Consolidated Order should be amended so as to include all Registered Practitioners.

In every case a Medical Officer under the Local Government Board should make such selection of a Registered Practitioner for Consultation as he judges to be best. But the central authority can only, by an oversight, seek to impose a restriction on their selection, which it was part of the intention of the Medical Act (1858) to remove, and which it is the special province of the Medical Council, by constant labour, to

make unnecessary, viz.: the preference of one legal Qualification before another on account of more or less supposed value in such Qualifications.

I have the honour to be,

SIR,

Your obedient Servant,

(Signed) HENRY W. ACLAND,
President of the Medical Council.

*To the PRESIDENT of the Local
Government Board,
Whitehall.*

5. The President informed the Committee that the subjoined Letter from the Registrar-General had been answered by him, after communication with all the Members of the Council, on Monday last. The Letters were taken as read :

GENERAL REGISTER OFFICE,
SOMERSET HOUSE,
October 14th, 1874.

SIR,

When the Act for Civil Registration of Births and Deaths came into operation in 1837, the Registrar-General derived the greatest assistance from the kind co-operation of the President of the Royal College of Physicians, the President of the Royal College of Surgeons, and the Master of the Society of Apothecaries, who "pledged themselves to give, in every instance which might fall under their care, an authentic name of the fatal disease."

They also entreated all authorized Practitioners throughout the country to follow their example; thus the important object of procuring a good registration of the causes of death might be attained.

Since the year 1845 I have supplied all authorized Practitioners with copies of blank forms of Certificates; and it is gratifying to me to be

Nov. 12, 1874.]

EXECUTIVE COMMITTEE.

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able to say that the Medical Practitioners throughout the country have supplied those Certificates in a great majority of cases ; so that, including the causes of death returned by Coroners after inquests have been held, in only 5 or 6 per cent. of the deaths annually registered, the fatal disease recorded is uncertified by medical authority.

By the Statute which comes into operation on 1st January, 1875, the Legislature has sanctioned the course I had adopted, directing me to supply blank Certificates to every Registered Medical Practitioner ; and it is enacted that the medical attendant of a person deceased shall supply a Certificate of the cause of death duly filled up.

This duty is enforced by penalty ; I therefore propose to slightly modify the form of Certificate, so as to remove some difficulties which have occurred to some minds, and thus facilitate the operation of the measure, preserving all the essential features of the old form of Certificate which has been in operation nearly thirty years.

A few years ago the College of Physicians appointed a Committee which published a "Nomenclature of Disease," which work, by direction of Her Majesty's Government, I distributed to every authorized Practitioner in England and Wales.

I avail myself of this opportunity of printing in the new book of forms of Certificates, a list of the names of fatal diseases as sanctioned by the Committee of the Royal College of Physicians.

I venture to take the liberty to submit to you the new form of Certificate which I propose to issue, the introduction, and the list of sanctioned names, hoping that you will favour me with any suggestions that may occur to you as likely to render it more useful to science, and more acceptable to the medical profession.

I have the honour to be,

SIR,

Your faithful Servant,

GEORGE GRAHAM,

Registrar-General.

To the PRESIDENT,

General Council of Medical Education.

MEDICAL COUNCIL OFFICE,
315, OXFORD ST., LONDON.
October 29th, 1874.

SIR,

I have the honour to inform you that one of the proof copies of the Book of Forms, with which you were so good as to supply the Medical Council, in answer to my application, has been forwarded to every Member of the Council.

In the communications which I have received from each, there is a general recognition of the great value of the course which you propose to take.

There is, indeed, so much general approval of the Book of Forms, that I have few suggestions, such as you invite, to make on the part of Members of Council.

Your attention may, nevertheless, be drawn to the following particulars, which are noted in the correspondence with the Council, and which appear to deserve consideration before a final decision is taken on so important a step as a new Form of Certificate of Death, although probably several have been already maturely considered by you :

(a) It is objectionable that Medical Men should be required by law to give information which they do not possess from personal knowledge.

(b) The words "*as I am informed*" should be printed in the body of the Certificate after the word "*died.*"

The marginal note should then stand thus—Should the Medical Attendant feel justified in taking upon himself the responsibility of certifying the fact of death, he may strike out the words "*as I am informed.*"

(c) The Medical Attendant ought not to have the duty imposed upon him of sending to the Registrar or to any one else. The Registrar should apply to him.

(d) In Scotland, the Registrar forwards to the Medical Attendant a Certificate, with the blanks filled up as far as possible, with a stamped envelope addressed to himself (the Registrar), if the Certificate has not been forwarded by the Attendant within ten days. This plan works admirably.

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EXECUTIVE COMMITTEE.

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- (e) In the Form of Death-Certificate, the words "*whose apparent age was*" should be substituted for "*whose age was stated to be.*"
- (f) In case of alleged irregularities or frauds in respect of certificates, the Registrar-General or the Magistrates, and not the Medical Council, should be prosecutors.
- (g) In the column "the duration of disease," there should be four divisions, for years, months, days, and hours, as in the Scotch Certificate.
- (h) The Registrar-General's Abstracts should be gratuitously sent, as formerly was the case, to many Registered Medical Practitioners—to all, indeed, who annually apply for them. Every Health Officer, at the least, should have them officially. They should be kept at the office of every Sanitary Authority. Nor is there any reasonable doubt that Statistical and Sanitary Science, as well as the progress of accurate Medical knowledge, would be thus greatly promoted at a comparatively trifling cost to the public funds. The services of those who supply the basis of the Registration Returns would also be gracefully acknowledged. A precedent may be found in Scotland and Ireland, and, formerly, in England.

I have to observe that this was a question for which it seemed to me undesirable to summon a special meeting of the Council, which you are aware is attended with considerable expense. But if any fresh circumstances should arise which require a reconsideration of that conclusion, I shall be ready to give the fullest attention to them.

Meanwhile, on behalf of the Medical Council, I have to thank you for enabling its Members to consider a subject to which you have given so much consideration, and for which your office has done so great service to the science of Vital Statistics.

I have the honour to be,

SIR,

Your obedient Servant,

HENRY W. ACLAND,

President of the Medical Council.

To the REGISTRAR-GENERAL,

Somerset House.

6. *Read*—A Letter which had been received in reply to the correspondence referred to at the last meeting of the Executive Committee (*see Minutes, Ex. C., for Oct. 22nd, 1874, pp. 42-43, sec. 8*).

Resolved—That in accordance with the Resolution No. 8, at the last meeting of the Executive Committee, the facts relating to the case of Mr. EMMERSON have been considered, and the Committee see no reason to submit the case to the General Medical Council, it being shown that Mr. EMMERSON passed the Preliminary Examination of the Durham University in 1866.

7. *Read*—The following communication from Trinity College, Dublin.

TRINITY COLLEGE, DUBLIN,
29th October, 1874.

SIR,

I enclose, for the information of the General Medical Council, the three latest Orders of the Board of Trinity College, relating to the School of Physics in the University of Dublin.

I remain,

Yours faithfully,

SAMUEL HAUGHTON,
Medical Registrar.

DR. FRANCIS HAWKINS,
Secretary, Gen. Med. Council.

UNIVERSITY OF DUBLIN,
TRINITY COLLEGE.

At a Meeting of the Provost and Senior Fellows of Trinity College, held on Saturday, 17th October, 1874, it was *Resolved* :

1. "That the Senior Lecturer, in conjunction with the Medical Registrar, be directed to recommend Examiners to assist the

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EXECUTIVE COMMITTEE.

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Professors in the Medical School at the Examinations in Botany, Physics, Chemistry, and Materia Medica.

2. "That the Medical Registrar be directed to give every facility to the Visitors of the General Medical Council for the inspection of Examination Papers and of the answers thereto, but not to resign the custody of these Papers.
3. "That a Three Months' Course of practical instruction in Animal Histology be added to the Curriculum for the Degree of M.B., under the superintendence of the King's Professor of the Institutes of Medicine. And that the Bursar of Trinity College be authorized to expend a sum not exceeding £110 (One Hundred and Ten Pounds) in the purchase of Instruments for that purpose."

A. S. HART,

*Registrar.*24th, October, 1874.

8. *Resolved*—To restore to the Register the name of the undermentioned person whose name had been erased in conformity with Clause XIV of the Medical Act, viz. :—

"It shall be the duty of the Registrars to keep their respective Registers correct, in accordance with the provisions of this Act and the Orders and Regulations of the General Council, and to erase the names of Registered persons who shall have died; and they shall from time to time make the necessary alterations in the Address and Qualifications of the persons Registered under this Act; and to enable the respective Registrars duly to fulfil the duties imposed upon them, it shall be lawful for the Registrar to write a letter to any Registered person, addressed to him

according to his address on the Register, to inquire whether he has ceased to Practise, or has changed his Residence, and if no answer shall be returned to such letter within the period of six months from the sending of the letter it shall be lawful to erase the name of such person from the Register; provided always that the same may be restored by direction of the General Council, should they think fit to make an order to that effect."

McLELLAN, ANDREW . . Lic. R. Coll. Surg. Edin. 1835.
Lic. Soc. Apoth. Lond. 1848.

Confirmed—HENRY W. ACLAND, M.D.,
President.

January 21st, 1875.

(No. 43.)

BRANCH COUNCIL FOR ENGLAND
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

32, SOHO SQUARE, LONDON, W.

April 2nd, 1874.

Present—

Dr. PAGET, *President*, in the Chair.

Dr. BENNETT.

Dr. STORRAR.

Mr. QUAIN.

Dr. SHARPEY.

Mr. BRADFORD.

Dr. PARKES.

Dr. HUMPHRY.

Dr. QUAIN.

Dr. PYLE.

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

This Meeting was summoned in order that the Branch Council might inspect the dismantled College of Chemistry, and consider what arrangements it would be proper to make in consequence of the acceptance by the Executive Committee of the offer from the Lords of the Treasury of the above mentioned premises for the use of the Medical Council (*see* Minutes, Executive Committee, for February 23rd, 1874, Sec. II., and for March 27th, 1874, Sec. I).

Moved by Dr. STORRAR; *Seconded* by Dr. HUMPHRY; and
Agreed to :

“That this Branch Council approve the arrangements entered into by the Executive Committee with the Government, for the occupancy of premises in Oxford Street, and will be prepared to contribute for their accommodation there in the same proportion as they have hitherto done in Soho Square.”

Confirmed—RICHARD QUAIN,

Pro President.

May 26th, 1874.

(No. 44.)

BRANCH COUNCIL FOR ENGLAND
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

32, SOHO SQUARE, LONDON, W.

May 26th, 1874.

Present—

Dr. BENNETT.

Dr. STORRAR.

Mr. QUAIN.

Dr. SHARPEY.

Mr. BRADFORD.

Dr. PARKES.

Dr. HUMPHRY.

Dr. QUAIN.

Dr. PYLE.

Sir W. GULL, Bart.

Dr. FRANCIS HAWKINS, *Registrar.*



The PRESIDENT having been detained on his way to the Council, Mr. QUAIN was called upon to take the Chair.

The Minutes of the last Meeting were read and confirmed.

The PRESIDENT having then arrived, and having taken the Chair, the Apothecaries' Act Amendment Bill, now before Parliament, was read, and fully considered; Mr. OUVRY, the solicitor of the Medical Council, and Mr. UPTON, the solicitor of the Society of Apothecaries, being present, and assisting with their professional opinions.

Confirmed—HENRY W. ACLAND, M.D.,

President.

November 9th 1874.

(No. 45.)

BRANCH COUNCIL FOR ENGLAND
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

315, OXFORD STREET, LONDON W.

November 9th, 1874.

Present—

Dr. ACLAND, *President*, in the Chair.

Dr. BENNETT.

Dr. STORRAR.

Mr. QUAIN.

Dr. SHARPEY.

Mr. BRADFORD.

Dr. QUAIN.

Dr. HUMPHRY.

SIR W. GULL, Bart.

Dr. PYLE.

Dr. FRANCIS HAWKINS, *Registrar*.

The Minutes of the last Meeting were read and confirmed.

I. *Read*—Letters from Dr. WALTER MACKERN and Dr. JAMES DAWSON, complaining of a Registered Practitioner lending his name illegally to a Person unqualified to practise Medicine or Surgery, which had been referred by the General Medical Council to the Branch Council for England. (*See Minutes of General Council for July 9, 1874, pp. 19-20; and for July 13, 1874, pp. 34-5.*)

The following Resolutions were adopted;

- 1st. "That Dr. MACKERN'S Correspondence, and the other Papers relating to the Case submitted by him to the Council, be referred to Mr. OUVRY for inquiry and advice, and for a Report from him to the Branch Council at their next Meeting."
- 2ndly. "That Dr. MACKERN be informed that his Letters have been considered by the Branch Council for England; but that it is not part of the duties of the Medical Council to take legal proceedings in the case of persons who are not on the *Medical Register*."
- 3rdly. "That Dr. MACKERN be further informed that a Letter will be addressed by the Registrar of the Medical Council to the Practitioner whom he has referred to, as to the statements affecting him."
- 4thly. "That the signing of a Certificate of Death by an Unregistered Person, as if he were Registered, is a case for the consideration of the Registrar-General."

II. *Read*—A Letter complaining of the assumption of the title of Surgeon by a Person Registered only as L.S.A. Lond.

Ordered—That the Letter be acknowledged.

III. *Read*—A Letter addressed to the President, respecting the conduct of a Registered Practitioner in allowing an Unregistered Person to make use of his name.

Resolved—That the President be requested to call the attention of the Registrar-General to a practice which has been brought under the notice of the Branch Council, viz., of Unregistered Persons, who are practising Medicine, signing Certificates for Practitioners whose names are on the *Medical Register*.

IV. *Read*—A Letter complaining of an improper Publication bearing the name of a Member of the Royal College of Surgeons of England.

Resolved — That the Letter and Pamphlet be sent to the Royal College.

V. *Resolved*—That in future all cases requiring investigation by the Branch Council shall be carefully prepared by the Registrar, and a *resumé* of each case be drawn up in such form as shall bring all the main facts clearly before the Council; that such *resumé*, together with the original documents, shall be submitted, at least one week before the next Meeting of the Branch Council, to the President, who shall, if he thinks fit, require the presence of the Solicitor at such Meeting.

VI. An application having been read from a Student to be admitted, for special reasons, to Registration, before he had passed his Preliminary Examination, it was resolved that he be informed that after he had passed that Examination it would be competent to him, at a future time, to apply to the Branch Council to antedate the commencement of his Professional Studies; but that it is not in the power of the Branch Council to consider favourably the case submitted to them in the first stage.

In the case of another Student, whose Examination had at first been deficient, but had subsequently been fully completed, it was resolved that his request to be Registered be acceded to.,.

VII. Mr. QUAIN and Mr. BRADFORD were appointed Auditors of the Accounts of the Branch Council for the current year.

(No. 72.)

S C O T T I S H B R A N C H
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

PHYSICIANS' HALL, EDINBURGH,
24th July, 1874.

Sederunt—

Dr. ACLAND, President of the General Medical Council, *Chairman.*

Dr. ANDREW WOOD.

Dr. J. W. BEGIE.

Dr. ALLEN THOMPSON.

PROFESSOR TURNER.

Dr. D. R. HALDANE.

Dr. FLEMING.

Dr. WILLIAM ROBERTSON, *Registrar.*

1. The Minutes of last Meeting were read, adjusted, and confirmed.

2. The Treasurer's Annual Accounts, with the Auditor's Report of January, 1874, were approved.

3. The Registrar reported that the Funds of the Branch Council had been transferred to the names of the Treasurers of the Branch Council, Dr. ANDREW WOOD and Dr. D. R. HALDANE, in conformity with the resolution of Branch Council of 29th December, 1873.

4. Special Order was made for the recognition of Mr. N. W. DAVIES' Medical Studies from 1st May, 1871.

5. Special Order was made for the recognition of Mr. W. K. LOVELEA's Medical Studies from January, 1872.

6. *Read*—Petition from Mr. H. M. G. FORBES, requesting the recognition of Medical Studies pursued in 1870 and 1871, before the petitioner had passed such a preliminary Examination as entitled him to Registration. The Branch Council declined to make any Special Order in this case.

7. Dr. HALDANE applied for Special Order in favour of Mr. WILLIAM TASMAN COOKE, who had passed a preliminary Examination in Melbourne University in 1871. The Branch Registrar was empowered to note upon Mr. COOKE's Certificate that his Medical Studies subsequent to his preliminary Examination are recognized.

8. The President called the attention of the Branch Council to the following letter :—

[Copy.]

HEXHAM, NORTHUMBERLAND,

18th July, 1874.

SIR,

I beg to draw your attention, and that of the Council, to the fact that the Local Government Board refused to accept any Certificate as

to the necessity for amputation upon a pauper except that of a M.R.C.S. London, thereby causing great inconvenience as well as pecuniary loss and status to the Scotch Graduates and Licentiates, and a corresponding advantage to all Members of the R.C.S. London, which ought not to exist in the present day, and I hope may not be beneath the dignity nor beyond the power of the Medical Council to adjust.

I am, Sir,

Your obedient Servant,

(Signed)

DANIEL JACKSON,

M.D. & L.F.P.S. GLASGOW.

To the PRESIDENT OF THE GENERAL
MEDICAL COUNCIL, &c.

The Branch Council considered that it was necessary that a copy of this letter should be forwarded to the Secretary of the Local Government Board, and the matter brought under his notice, and the President undertook that this should be done.

9. *Read*—A letter from the Branch Registrar, announcing that he had received another public appointment, which obliged him to resign the office of Branch Medical Registrar in Scotland.

On the motion of Dr. FLEMING, seconded by Dr. A. WOOD, the thanks of the Branch Council were voted to Dr. WILLIAM ROBERTSON for his long and efficient services in the capacity of Registrar.

10. It was arranged that the Branch Council should meet again on Wednesday, the 29th instant, to fill up the vacancy created by Dr. ROBERTSON's retirement, and to settle details regarding the duties to be discharged by his successor.

Confirmed—ARCHIBALD INGLIS,

Branch Registrar.

July 29th, 1874.

(No. 73.)

SCOTTISH BRANCH
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

PHYSICIANS' HALL, EDINBURGH.

29th July, 1874.

Sederunt—

D. RUTHERFORD HALDANE, *Chairman.*

Dr. ANDREW WOOD.

Professor TURNER.

Dr. ALLEN THOMSON.

Dr. WARBURTON BEGGIE.

1. The Minutes of last Meeting were read and confirmed.

2. The Council having considered and arranged the duties to be performed by the Branch Registrar, and the emoluments to which he shall be entitled, proceeded to the election of a successor to Dr. ROBERTSON.

3. Dr. DAVID CHRISTISON was elected to the above office during the pleasure of the Council.

Confirmed—D. R. HALDANE.

August 4th, 1874.

(No. 74.)

SCOTTISH BRANCH
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

9, DARNAWAY STREET, EDINBURGH,

August 4, 1874, 4.30 P.M.

Sederunt—

Dr. BEGBIE, *Chairman.*

Dr. ANDREW WOOD.

Dr. ALLEN THOMSON.

Dr. FLEMING.

Dr. HALDANE.

1. The Minutes of last Meeting were read and confirmed.

2. A letter was read from Dr. DAVID CHRISTISON, thanking the Branch Medical Council for his appointment to the office of Registrar, but expressing regret that from circumstances he felt himself unable to accept it.

3. Dr. ARCHIBALD INGLIS was elected to the office of Branch Registrar during the pleasure of the Council.

Confirmed—ARCHIBALD INGLIS,

Registrar.

October 13th, 1874.

(No. 75.)

SCOTTISH BRANCH
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

33, ALBANY STREET, EDINBURGH,
13th October, 1874.

Sederunt—

Professor TURNER, *Chairman.*

Dr. FLEMING.

Dr. HALDANE.

Dr. ANDREW WOOD.

ARCHIBALD INGLIS, M.D., *Registrar.*

1. The Minutes of last Meeting were read and confirmed.

2. This Meeting having been summoned on a requisition signed by Dr. WOOD and Dr. FLEMING, for the purpose of considering the appointment of Visitors of Examinations from Scotland,—

Resolved—That the Registrar shall write to the following gentlemen to ascertain whether, in the event of their being requested to act as Visitors of Examinations in England or Ireland, they will be willing to accept of the appointment :—

ALEXANDER HARVEY, M.D., Aberdeen.

JOHN STRUTHERS, M.D., F.R.C.S. Edinburgh, Aberdeen.

THOS. M'CALL ANDERSON, M.D., F.F.P.S. Glasgow.

GEORGE BUCHANAN, M.D., F.F.P.S. Glasgow.

JOHN B. COWAN, M.D., F.F.P.S. Glasgow.

WILLIAM LEISHMAN, M.D., F.F.P.S. Glasgow.

EBENEZER WATSON, M.D., F.F.P.S. Glasgow.

GEORGE BALFOUR, M.D., F.R.C.P. Edinburgh.

ALEXANDER CRUM BROWN, M.D., F.R.C.P. Edinburgh.

JAMES SPENCE, F.R.C.S., Edinburgh.

DOUGLAS MACLAGAN, M.D., F.R.C.P. Edinburgh.

PATRICK HERON WATSON, M.D., F.R.C.S. Edinburgh.

3. *Read*—A Certificate signed by the Dean of the Faculty of Arts in the University of Edinburgh, stating that the holder, in the judgment of the Faculty of Arts, was entitled, from the manner in which he had acquitted himself in the class of Natural Philosophy, to exemption from Examination in “Mechanics” as preliminary to the Study of Medicine.

Resolved—That the above Certificate shall not be admitted as qualifying for Registration as a Medical Student so far as the subject of “Mechanics” is concerned.

Confirmed—WILLIAM TURNER.

October 27th, 1874.

(No. 76.)

SCOTTISH BRANCH
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

33, ALBANY STREET,
27th October, 1874.

Sederunt—

Dr. ANDREW WOOD, *Chairman.*

Professor TURNER.

Dr. HALDANE.

Dr. FLEMING.

ARCHIBALD INGLIS, M.D., *Registrar.*

1. The Minutes of last Meeting were read and confirmed.

2. *Read*—The following communications transmitted by the President of the General Medical Council:—

- (1.) A letter (Appendix No. I) addressed by the Registrar-General to the President of the General Medical Council.
- (2.) A Draft of a proposed letter (Appendix No. II) from the President of the General Medical Council, in reply to the above, embodying suggestions received by him from the Members of the Council, and transmitted for the purpose of obtaining additional suggestions from the Branch Council or its individual Members.

'After careful consideration of these documents, it was resolved that the letter of the President should be reprinted unaltered, with the suggestions of the Branch Council on a parallel column, opposite those already embodied in the letter, and also that the suggestions should be reprinted separately (Appendix No. III) in the form they would assume by the adoption of the corrections and additions proposed to be made.

3. *Read*—A letter from Mr. JOHN F. JOYCE requesting that his Examination in General Education might be postponed while his course of study might still be counted from the present date, on account of his long previous residence in Australia, his age, etc.

Resolved—That his request could not be granted.

APPENDIX I.

PRIVATE.—*For the Members of the Medical Council only.*

GENERAL REGISTER OFFICE, SOMERSET HOUSE,
October 14th, 1874.

SIR,

When the Act for Civil Registration of Births and Deaths came into operation in 1837, the Registrar-General derived the greatest assistance from the kind co-operation of the President of the Royal College of Physicians, the President of the Royal College of Surgeons, and the Master of the Society of Apothecaries, who “pledged themselves to give, in every instance which might fall under their care, an authentic name of the fatal disease.”

They also entreated all authorized Practitioners throughout the country to follow their example; thus the important object of procuring a good registration of the causes of death might be attained.

Since the year 1845 I have supplied all authorized Practitioners with copies of blank forms of Certificates; and it is gratifying to me to be able to say that the Medical Practitioners throughout the country have supplied those Certificates in a great majority of cases; so that, including the causes of deaths returned by Coroners after inquests have been held, in only 5 or 6 per cent. of the deaths annually registered, the fatal disease recorded is uncertified by medical authority.

By the Statute which comes into operation on 1st January, 1875, the Legislature has sanctioned the course I had adopted, directing me to supply blank Certificates to every Registered Medical Practitioner; and it is enacted that the Medical Attendant of a person deceased shall supply Certificate of the cause of death duly filled up.

This duty is enforced by penalty; I therefore propose to slightly

modify the form of Certificate, so as to remove some difficulties which have occurred to some minds, and thus facilitate the operation of the measure, preserving all the essential features of the old form of Certificate which has been in operation nearly thirty years.

A few years ago the College of Physicians appointed a Committee which published a "Nomenclature of Disease," which work, by direction of Her Majesty's Government, I distributed to every authorized Practitioner in England and Wales.

I avail myself of this opportunity of printing in the new Book of Forms of Certificates, a list of the names of fatal diseases as sanctioned by the Committee of the Royal College of Physicians.

I venture to take the liberty to submit to you the new Form of Certificate which I propose to issue, the introduction, and the list of sanctioned names, hoping that you will favour me with any suggestions that may occur to you as likely to render it more useful to science, and more acceptable to the Medical Profession.

I have the honour to be, SIR,

Your faithful Servant,

(Signed) GEORGE GRAHAM,

Registrar-General.

To the PRESIDENT, GENERAL COUNCIL OF
MEDICAL EDUCATION.

APPENDIX II.

The following letter was submitted on October 22nd to the Executive Committee, and is now circulated for the consideration either of individual Members of the Council, or of Branch Councils.

The suggestions *a*, *b*, *c*, &c., are abstracts of observations obligingly sent to the President in answer to his first communication on the subject.

It is to be observed that objections to the Act of Parliament cannot be considered a suggestion as to the way of putting the Act into operation, and therefore should not, it is presumed, be here introduced.

DRAFT OF A PROPOSED LETTER.

For Corrections or Suggestions by Members of the Council, to be returned to Dr. ACLAND, Oxford.

MEDICAL COUNCIL OFFICE,

315, OXFORD STREET, LONDON,

October 29th, 1874.

SIR,

I have the honour to inform you that one of the proof copies of the Book of Forms, with which you were so good as to supply the Medical Council, in answer to my application, has been forwarded to every Member of the Council.

In the communications which I have received from each, there is a general recognition of the great value of the course which you propose to take.

There is, indeed, so much general approval of the Book of Forms, that I have few suggestions, such as you invite, to make on the part of Members of Council.

Your attention may, however, be drawn to the following particulars which are noted in the correspondence with the Council, and which appear to deserve consideration before a final decision is taken on so important a step as a new Form of Certificate of Death, although probably several have been already maturely considered by you :

- (a) It is objectionable that Medical Men should be required by law to give information which they personally do not possess.
- (b) It is objectionable that there should be no remuneration for the discharge of duties imposed by the Act. Delete clause (b).

- (c) The following form would be better than the one proposed,
"That he died as I am informed."
- The marginal note should then read thus—Should the Medical Attendant feel justified within himself in taking the responsibility of certifying the fact of death, he may here *strike out* the words "as I am informed."
- (d) The Medical Attendant ought not to have the duty imposed upon him of sending to the Registrar or to anyone else. The Registrar
 • should apply to him.
- (e) In Scotland, the Registrar forwards a Certificate with the blanks filled up as far as possible, with a stamped envelope addressed to himself (the Registrar). This plan is said to work admirably.
- (f) There ought to be a special death - verifying Officer if positive proof of the fact of death be required.
- (g) In case of alleged irregularities or frauds in respect of Certificates, the Registrar-General or the Magistrates, and not the Medical Council should take cognizance.
- (h) In the column "the duration of disease," there should be three
- Delete the first sentence of clause (c) to the word *thus*, and substitute the following:
The words "as I am informed" should be printed in the body of the Certificate after the word "died," and the remainder of clause (c) should be printed as a marginal note.
- In clause (e) insert the words "*to the Medical Attendant*" after "Certificate," and substitute "*works*" for "*is sent to work*" near the end of the clause.
- Delete clause (f), and insert the following:—*In the form of Death Certificate substitute the words "whose apparent age was" for "whose age was stated to be."*
- Delete clause (g), because it would be virtually parting with the powers possessed by the Medical Council under Clause XXIX of the Medical Act, 1858.
- In clause (h) read "*four*" for "*three*," after "*days*" insert

divisions, for years, months, and days, as in the Scotch Certificate.

“*and hours;*” and delete the rest of the clause.

- (i) The Registrar-General's Returns should be gratuitously sent, as formerly was the case, to many members of the Medical Profession. Every Health Officer, at the least should have them officially. They should be kept at the office of every Sanitary Authority. Nor is there any reasonable doubt that Statistical and Sanitary business, as well as the progress of accurate Medical knowledge could be thus greatly promoted at a comparatively trifling cost to the public funds.
- In clause (i) for “*many members of the Medical Profession,*” read “*every registered Medical Practitioner.*”

I have to observe that this was a question for which it seemed to me undesirable to summon a special meeting of the Council, which you are aware is attended with considerable expense. But if any fresh circumstances should arise which require a reconsideration of that conclusion, I shall be ready to give the fullest attention to them.

Meanwhile on behalf of the Medical Council, I have to thank you for enabling its Members to consider a subject to which you have given so much consideration, and for which your office has done so great service to the science of Vital Statistics.

I have the honour to be,

SIR,

Your obedient Servant,

President of the Medical Council.

To the REGISTRAR-GENERAL,
Somerset House.

APPENDIX III.

Clauses (a) to (g), (b and g as they stand in the original being entirely deleted), would read as follows after the adoption of the alterations suggested by the Branch Council :

- (a) It is objectionable that Medical Men should be required by law to give evidence which they do not personally possess.
- (b) The words "as I am informed," should be printed in the body of the Certificate after the word "died."
- [Marginal Note—Should the Medical Attendant feel justified in taking upon himself the responsibility of certifying the fact of death, he may strike out the words "as I am informed."]
- (c) The Medical Attendant ought not to have the duty imposed upon him of sending to the Registrar or to any one else. The Registrar should apply to him.
- (d) In Scotland, the Registrar forwards a Certificate, with the blanks filled up as far as possible, to the Medical Attendant, with a stamped envelope addressed to himself (the Registrar). This plan works admirably.
- (e) In the form of Death Certificate, the words "whose apparent age was" should be substituted for "whose age was stated to be."
- (f) In the column "duration of disease," there should be four divisions—for years, months, days, and hours.
- (g) The Registrar General's Returns should be gratuitously sent, as formerly was the case, to every Registered Medical Practitioner. Every Health Officer, at the least, should have them officially. They should be kept at the office of every Sanitary Authority. Nor is there any reasonable doubt that Statistical and Sanitary business, as well as the progress of accurate Medical knowledge, could be thus greatly promoted at a comparatively trifling cost to the public funds.

Confirmed—ANDREW WOOD.

(No. 81.)

I R I S H B R A N C H
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

February 16th, 1871.

Present—

WM. STOKES, M.D., in the Chair.

WM. HARGRAVE, M.B.

Sir D. J. CORRIGAN, Bart.

AQUILLA SMITH, M.D.

CHARLES H. LEET, M.D.

W. E. STEELE, M.D., *Registrar.*

— — —

The Minutes of the last Meeting were read and signed.

The Requisition convening the present Meeting was signed by Sir D. J. CORRIGAN and Dr. SMITH.

Read—A Letter from Dr. HAWKINS, dated 30th Dec., 1873, stating that the following persons (amongst others) had been appointed or reappointed Members of the General Medical Council, viz. :

AQUILLA SMITH, M.D., by the King and Queen's College of Physicians in Ireland, for the term of one year.

RAWDON MACNAMARA, Esq., by the Royal College of Surgeons in Ireland, for the term of one year from the 16th February, 1874. (*See Minutes of the Executive Committee of 22nd January, 1874.*)

CHARLES HENRY LEET, M.D., by the Apothecaries' Hall, Dublin, for the term of one year.

JAMES APJOHN, M.D., by the University of Dublin, for the term of five years.

WILLIAM STOKES, M.D., by the Queen's Most Excellent Majesty in Council, for the term of five years.

The accounts of the Branch Council for Ireland, for the half-year ending the 5th July last, and for the year ending the 5th January, 1874, were submitted, and ordered to be appended to the Minutes of the present Meeting.

Dr. SMITH and Dr. LEET were appointed Auditors for the current year.

The Minutes of the Proceedings of the Executive Committee having been submitted, in which it appears that a sum of £615 5s. 1d., amount of the percentage rate, is due to the

General Medical Council for the past year, by the Irish Branch Council,—

Resolved—That the sum of £615 5s. 1d. be transmitted in the usual way to the General Medical Council, as payment of the rate due by this Branch Council for the past year.

Mr. MORGAN having applied for an increase of rent of the office, the Council declined to agree to the same.

Read—A Letter, dated 12th July, 1873, from the King and Queen's College of Physicians, Ireland, stating that Mr. EDMUND FITZGARRETT BUTLER has surrendered his Licence in Medicine to that College, and requesting to be informed of what steps the Branch Council may take in reference thereto.

Resolved—That the College be referred to 28th Section of the Medical Act (Vict. 21 and 22, chap. xc.), which appears to the Council to indicate the course to be taken under the circumstances.

In accordance with applications from the following Medical Students, their Registration was recognized from the date annexed to their names respectively, evidence having been given that each Student had passed a Preliminary Examination in Arts before the commencement of his Medical Studies, viz. :

JACKSON R. BLAKELY, from 1st November, 1867.

JOSEPH EDWARD M'CRACKEN, from 1st November, 1870.

JAMES SMITH, from 1st November, 1867.

WILLIAM JAMES BROWNE, from 1st November, 1867.

Payment of the fees of the Members of the Council for attendance at the present Meeting was ordered.

SUMMARY OF ACCOUNT OF THE BRANCH MEDICAL COUNCIL (IRELAND),
For the Half Year ending 5th July, 1873.

CHARGE.		DISCHARGE.	
1873.	£ s. d.	1873.	£ s. d.
Jan. 5. To Balance in favour of the Council at foot of last Year's Account	769 4 8	Jan. 22. By Amount of Proportion of Expenses of General Council for the Year ending 5th January, 1873	390 14 7
Apr. 6. " Amount of Half-year's Dividend on £2512 9s. 4d. Government New 3 per cent. Stock (less 12s. 7d. Income Tax)	37 1 2	23. " Purchase of £216 7s. 7d. Government New 3 per cent. Stock	200 0 0
July 5. " Amount of Registration, Fees to date, viz.:		May 10. " Half Year's Rent of Office	18 0 0
85 Registrations, at £5 . £425 0 0		24. " Half Year's Salary of Registrar	100 0 0
1 " " £2 . 2 0 0		" " Fees of Councilors for Meetings of :—	
33 " " 5s. . 8 5 0	435 5 0	January 20, 1873 . £12 12 0	
		" 27, " . 12 12 0	
		" 29, " . 12 12 0	
		February 1, " . 12 12 0	
		" 8, " . 10 10 0	
		March 19, " . 10 10 0	
		July 5. " Postage Stamps, to date	71 8 0
		" Stationery, to date	2 5 5
		" Printing, to date	2 9 0
		" Advertising, to date	10 14 6
		" Sundry Office Expenses	2 10 0
		" Balance in Bank	0 18 6
		" " in Registrar's hands	3 17 3
Total .	£1241 10 10	Total .	£1241 10 10

We have examined the Account of the Branch Medical Council for Ireland, and carefully checked the Vouchers, and hereby certify the above to be a correct Statement of the same; and that the Balance to the credit of the Council on the 5th day of July, 1873 (seventy-three), amounted to Four Hundred and Forty-two Pounds, Ten Shillings, and Ten Pence.

(Signed)
 AQUILLA SMITH, M.D., *Treasurer*
 CHARLES HENRY LEET, M.D., *Auditor*.

Dated this 9th day of July, 1873.

SUMMARY OF ACCOUNT OF THE BRANCH MEDICAL COUNCIL (IRELAND),
For the Year ending 5th January, 1874.

CHARGE.		DISCHARGE.	
1873.	£ s. d.	1873.	£ s. d.
Jan. 6. To Balance in favour of the Council at foot of last Year's Account . . .	769 4 8	Jan. 22. By Amount paid Proportion of Expenses General Council, for the Year ending 5th January, 1873 . . .	390 14 7
Apr. 16. " Amount of One Year's Dividend on £2512 9s. 4d. Government New 3 per cent. Stock (less £1 2s. Income Tax)	74 5 6	" " Purchase of £216 7s. 7d. Government New 3 per cent. Stock . . .	200 0 0
1874.		Nov. 10. " One Year's Rent of Office, to date . . .	36 0 0
Jan. 6. " Amount of Registration Fees to date, viz.:—		" 24. " One Year's Salary of Registrar, to date . . .	200 0 0
150 Registrations, at £5 . £750 0 0		" " Fees of Councilors for Meeting of:—	
3 " £2 . 6 0 0		January 20, 1873 . £12 12 0	
67 " 5s. . 16 15 0	772 15 0	" 27, " " 12 12 0	
		" 29, " " 12 12 0	
		February 1, " 12 12 0	
		" 8, " " 10 10 0	
		March 19, " 10 10 0	
		1874.	
		Jan. 6. " Postage Stamps, to date . . .	71 8 0
		" " Stationery, to date . . .	4 5 6
		" " Printing, to date . . .	4 9 6
		" " Advertising, to date . . .	12 12 0
		" " Sundry Office Expenses . . .	2 10 0
		" " Balance:—	2 13 6
		In Bank on Jan. 6, 1874. £691 9 4	
		In Registrar's hands on do. 0 2 10	
	Total . £1616 5 2		691 12 2
			Total . £1616 5 2

We have examined the Accounts of the Branch Medical Council for Ireland, and carefully checked the Vouchers, and hereby certify the above to be a correct Statement of the same; and that the Balance to the credit of the Council on the 5th day of January, 1874 (seventy-four), amounts to Six Hundred and Ninety-one Pounds, Twelve Shillings and Two Pence.

(Signed)
Dated this 8th day of January, 1874.
AQUILLA SMITH, M.D., Treasurer }
CHARLES HENRY LEET, M.D., Auditors.

Signed—CHARLES H. LEET, M.D.,
Chairman.

(No. 82.)

I R I S H B R A N C H
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

February 21st, 1874.

Present—

CHARLES H. LEET, M.D., in the Chair.

AQUILLA SMITH, M.D.

WM. STOKES, M.D.

JAMES APJOHN, M.D.

W. E. STEELE, M.D., *Registrar.*

The Minutes of the last Meeting were read and signed.

The Requisition convening the present Meeting, to consider a communication addressed to Dr. SMITH, on the subject of premises to be obtained in London for the Council, and for other business, was signed by Sir D. J. CORRIGAN and Dr. SMITH.

Dr. SMITH submitted a summons he had received to attend the Executive Committee, to consider a Letter to the President of the General Council, from the Treasury ; and to inspect the premises known as the College of Chemistry in Oxford Street, as the place of Meeting of the General Council ; also a Letter from the President requesting the opinion of the Members of this Branch Council on the subject.

Resolved—That the Branch Medical Council, Ireland, having taken into consideration the Resolution of the General Medical Council of 5th March, 1872, and of April 3rd, 1873, are of opinion that the Executive Committee are authorized to conclude an agreement for the acquisition of premises for the accommodation of the General Medical Council.

A draft Letter, prepared by Sir D. J. CORRIGAN, which he proposes should be forwarded to the Chief Commissioner of Police, and the Police Magistrates, having been read and considered,—

Resolved—That this Branch Council do not think it expedient to originate such correspondence.

Read—A further Letter from Mr. MORGAN, relative to the rent of the Office.

Resolved—That the Branch Council, having reconsidered the

question as to the rent of the Office, are of opinion that the rent for the same (including fuel, light, and attendance) may be increased to £40 per annum, from the 10th May next.

The fees of the Members of this Branch Council for attendance at the present Meeting were paid.

Signed—RAWDON MACNAMARA,
Chairman.

March 16th, 1874.

(No. 83.)

I R I S H B R A N C H
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

March 16th, 1874.

Present—

RAWDON MACNAMARA, Esq., in the Chair.

Sir D. J. CORRIGAN, Bart., M.D. CHARLES H. LEET, M.D.

WILLIAM STOKES, M.D. AQUILLA SMITH, M.D.

W. E. STEELE, M.D., *Registrar.*

The Minutes of the last Meeting were read and signed.

The Requisition convening the present Meeting was signed by Dr. STOKES and Mr. MACNAMARA.

A Letter was submitted, dated 26th February, 1874, from Dr. HAWKINS, stating that he had received official notice that, on the 19th inst., Mr. RAWDON MACNAMARA was appointed by the Royal College of Surgeons, Ireland, as its representative on the General Medical Council, for one year from the 16th Feb., 1874.

Read—A Letter from Dr. HAWKINS, dated 24th January, in which he states that “strict orders had been given by the Executive Committee that the General Register, as existing on the 1st January, shall be printed with the utmost speed, without waiting to send the proofs to Ireland and Scotland.”

Resolved—That it appears to this Council absolutely necessary, in order to avoid the occurrence of mistakes in the published *Medical Register*, that the Registrars of each of the Branch Councils should have opportunity afforded them of correcting the Proofs ; and that a copy of this Resolution be transmitted to the Executive Committee.

It appearing to be the practice of the Registrar of the General Council to insert in the General Register additional Qualifications, to alter therein the addresses, and to erase therefrom names of persons originally registered in the office of this Branch Council without the authority of their Registrar,—

Resolved—That it is contrary to the provisions of the Medical Act, as well as to the Standing Orders of the General Medical Council, chapter vii., that the Name and Qualifications of any person should be entered in the General *Medical Register* as an

original registration, or that any addition, alteration, or erasure, should be made therein, until such original registration, addition, alteration, or erasure, had been made previously in one of the three Local Registers; and that a copy of this Resolution be transmitted to the Executive Committee.

Sir D. J. CORRIGAN submitted a draft of the following Letter :

SIR,

I am directed by the Branch Medical Council for Ireland to ask your attention to the circumstance that some young men who have been brought up before the Police-courts for riotous or disorderly conduct, have represented themselves as "Medical Students," and this designation, as the Council are informed, has been admitted without further inquiry.

In some instances which have lately occurred, the Branch Medical Council for Ireland have instituted inquiries, and have ascertained that the parties so representing themselves have not been "Medical Students."

It appears to this Branch Council that in all such cases where the parties charged with misconduct have represented themselves as Medical Students, they should be required to furnish, along with their addresses, the names of the Medical Schools or Hospitals where they are pursuing their studies, and that the replies should be furnished to this Council, which have a Register of Medical Students.

It is of great consequence that the character of the Medical class of Dublin should not be injured by misrepresentation, for if misconducted persons are permitted to represent themselves as Medical Students, Parents and Guardians will send young men to other Schools of Medicine rather than to those in Dublin; and the pecuniary loss to Dublin would be considerable, for at the lowest calculation the outlay by Medical Students in Dublin, exclusive of mere professional payments, is at present and has been for some years, not less than eighty thousand pounds a year.

Resolved—That a copy of the foregoing letter be sent to the Chief Commissioner of Police, and to each of the Divisional Magistrates of the City of Dublin.

The fees of the Members of this Branch Council, for attendance at the present Meeting, were paid.

Signed—WILLIAM STOKES, M.D.,
Chairman.

April 8th, 1874.

(No. 84.)

I R I S H B R A N C H
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

April 8th, 1874.

Present—

WILLIAM STOKES, M.D., in the Chair.

Sir D. J. CORRIGAN, Bart., M.D. R. MACNAMARA, Esq.

JAMES APJOHN, M.D. CHARLES H. LEET, M.D.

AQUILLA SMITH, M.D.

W. E. STEELE, M.D., *Registrar.*

The Minutes of the last Meeting were read and signed.

The Requisition convening the present Meeting was signed by Sir D. J. CORRIGAN and Dr. SMITH.

Read—Letters from certain of the Divisional Magistrates of the City of Dublin, in reply to the Letter of the Council, as entered in the Minutes of 16th ult., to the effect that it was not in their power to comply with the request contained in that communication.

Read, also—The following Letter from the Chief Commissioner of Metropolitan Police :

METROPOLITAN POLICE OFFICE,
DUBLIN CASTLE,
26th March, 1874.

SIR,

I am directed by the Chief Commissioner of Police to acknowledge the receipt of your letter of 24th instant, and to state that directions will be issued to the Police to ascertain from young men who happen to fall into their hands, and state they are Medical Students, the information you desire to be furnished with, and which shall be communicated to the Council in accordance with your request.

I am, SIR,

Your obedient Servant,
(Signed) GEORGE TALBOT,
Assistant Commissioner.

To W. E. STEELE, M.D.,
Registrar Branch Medical Council (Ireland),
35, Dawson Street.

Read, also—A Report from one of the Inspectors of Police, dated 30th March, forwarded by direction of the Chief Commissioner, to the effect that two gentlemen, representing themselves as Medical Students, were charged by the Police with breaking a pane of glass in one of the public lamps in Pleasants Street, between 11 and 12 o'clock on the night of the 29th March, and who would be sent before the Magistrate at the Southern Police-court, at half-past 10 o'clock on the following morning.

Resolved—That the Secretary be requested to write to Colonel LAKE, the Chief Commissioner of Metropolitan Police, thanking him for his kindness in complying with the request of the Branch Medical Council, in forwarding to the Council the names of two persons who were charged by the Police on the night of the 29th March, for riotous conduct, and who represented themselves as Medical Students, and to inform him that neither of the names appear in the Register of Medical Students attending Lectures in Dublin.

Resolved—That Colonel LAKE be asked if there be any objection to publish the correspondence with him on this subject, and also the Report of the Police Inspector of the 30th March last.

•
The fees of the Members of this Branch Council, amounting to £12 12s., for attendance at the present Meeting, were paid.

Signed—D. J. CORRIGAN,

Chairman.

August 21st, 1874.

(No. 85.)

IRISH BRANCH
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

August 21st, 1874.

Present—

Sir D. J. CORRIGAN, Bart., M.D., in the Chair.

AQUILLA SMITH, M.D.

R. MACNAMARA, Esq.

CHARLES H. LEET, M.D.

WM. STOKES, M.D.

W. E. STEELE, M.D., *Registrar.*

The Minutes of the last Meeting were read and signed.

The Requisition convening the present Meeting was signed by Dr. STOKES and Mr. MACNAMARA.

The account of this Branch Council for the half-year ending the 4th July, 1874, was submitted and ordered to be appended to the Minutes of the present Meeting.

Resolved—That this Branch Council is of opinion that in the forthcoming Visitations of Examinations, a due proportion of the Visitors outside the Council should be appointed from each division of the United Kingdom.

Resolved—That, if the Executive Committee consider it desirable, this Branch Council will be prepared to submit a list of names of Visitors from Ireland, from which the Executive Committee can make a selection.

The fees of the Members of this Branch Council, amounting to £10 10s., for attendance at the present Meeting were paid.

Ordered—That this Branch Council be summoned to meet on Friday next, the 28th inst., at 4 o'Clock.

(Half-yearly Account—see next page.)

SUMMARY OF ACCOUNT OF THE BRANCH MEDICAL COUNCIL (IRELAND)

For the Half Year ending the 4th July, 1874.

CHARGE.		DISCHARGE.	
1874.	£ s. d.	1874.	£ s. d.
Jan. 5. To Balance in favour of the Council at foot of last Year's Account . . .	691 12 2	Feb. 18. By Amount of Proportion of Expenses of General Council for the Year ending 5th January, 1874 . . .	615 5 1
April 7. " Dividend on £2512 9s. 4d., sterling, Government New 3 per cent Stock . .	37 4 4	" May 10. " Half Year's Rent of Office, to date . .	18 0 0
July 5. " Amount of Registration Fees, to date, viz. : . . .		" 24. " Half Year's Salary of Registrar, to date . . .	100 0 0
86 Registrations, at £5 . . £430 0 0		" " Fees of Councilors for Meetings of :—	
37 " 5s. . . 9 5 0	439 5 0	February 16, 1874 . . £10 10 0	
		" 21. " . . 8 8 0	
		March 16. " . . 8 8 0	
		April 9. " . . 12 12 0	
		July 4. " Postage Stamps, to date . . .	39 18 0
		" " Stationery, to date . . .	3 0 0
		" " Printing, to date . . .	2 0 10
		" " Sundry Office Expenses . . .	6 4 0
		" " Balance in Bank of Ireland . . .	0 4 0
			383 9 7
Total . £1168 1 6		Total . £1168 1 6	

We have examined the Account of the Branch Medical Council for Ireland, and carefully checked the Vouchers, and hereby certify the above to be a correct Statement of the same ; and that the balance to the credit of the Council on the 4th day of July, 1874, amounted to Three Hundred and Eighty-three Pounds, Nine Shillings and Seven Pence.

(Signed)
 AQUILLA SMITH, M.D., *Treasurer*
 CHARLES HENRY LEET, M.D., *Auditors*.

Dated this 29th day of July, 1874.

Signed—CHARLES H. LEET,
Chairman.

August 28th, 1874.

195`

(No. 86.)

I R I S H B R A N C H
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

August 28th, 1874.

Present—

CHARLES H. LEET, M.D., in the Chair.

Sir D. J. CORRIGAN, Bart., M.D. AQUILLA SMITH, M.D.

RAWDON MACNAMARA, Esq. WILLIAM STOKES, M.D.

W. E. STEELE, M.D., *Registrar.*

The Minutes of the last Meeting were read and signed.

The Registrar having laid before the Branch Council the certificate of the conviction at the late County of Limerick Assizes, of JAMES MEEHAN and MICHAEL MANUS SHEEDY, both registered in this office as Licentiates of the Royal Colleges of Physicians and of Surgeons, Edinburgh, of a conspiracy to defraud an Insurance Company,—

Resolved—That the certificate referred to be forwarded to Dr. HAWKINS, to be laid before the General Council.

The Branch Council having, in accordance with the following Resolution of the General Council, taken into consideration the application of Mr. JOHN JOSEPH RAY, to have his name changed in the *Medical Register* to *Raye* :

“That the Letter from Mr. JOHN JOSEPH RAY be referred to the Branch Council for Ireland, for the purpose of ascertaining the facts, and of altering the spelling of the name, if it be found proper to do so.”

Resolved—That when Mr. RAY has the spelling of his name changed under proper legal authority, the Branch Council will make the required alteration in the Register.

Read—An application from Mr. JAMES G. FITZGERALD, who was registered as a Medical Student on the 3rd December, 1872, requesting the Council to recognize his registration as of the 1st November, 1869; he having passed the Preliminary Examination of the Apothecaries' Hall, Dublin, on the 15th October, 1869.

Resolved—That Mr. FITZGERALD's application be granted, and that he be recognized as having been registered as a Medical Student on 1st November, 1869.

Read—The following Letter :

BRANCH MEDICAL COUNCIL (IRELAND),
35, DAWSON STREET, DUBLIN,
August 20th, 1874.

GENTLEMEN,

I trust you will pardon me for asking you to consider the expediency of providing me with the assistance of a Clerk.

In the Report on the business of the office, which I presented on the 20th January, 1873, I endeavoured to show how greatly its duties had increased,—so much so, indeed, that it would be extremely difficult to discharge them properly single-handed. Such increase has arisen principally from the Registration of Medical Students, and from the constant revision of the *Medical Register*,—the former not being in operation when I was appointed, and the latter not being so necessary in earlier as in recent years.

Should you desire it, I shall be ready to afford you every information as to the details which the business of the office involves, but which it would be difficult to give within the compass of an ordinary letter.

I am, GENTLEMEN,

Yours very faithfully,

(Signed) W. EDW. STEELE,

To the BRANCH MEDICAL COUNCIL
for Ireland.

Registrar.

Resolved—That Dr. STEELE be allowed £50 per annum for the payment of a Clerk, for the performance of whose duties he shall

be responsible; that Dr. STEELE shall have the selection of the Clerk, who shall, however, be liable to dismissal by this Branch Council at any time on his being paid for the time served; and that the name of the Clerk be inserted in the Minutes of the Meeting next succeeding his appointment.

An application from the Registrar for leave of absence during the month of September, was complied with.

•

The fees of the Members of this Branch Council for attendance at this Meeting, amounting to £10 10s., were paid.

Signed—JAMES APJOHN,

Chairman.

September 26th, 1874.

(No. 87.)

I R I S H B R A N C H
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

September 26th, 1874.

Present—

JAMES APJOHN, M.D., in the Chair.

WM. STOKES, M.D.

CHARLES H. LEET, M.D.

AOVILLA SMITH, M.D.

R. MACNAMARA, Esq.

The Minutes of the last Meeting were read and signed.

The Registrar being on leave of absence, Dr. SMITH was requested to act as Secretary to this Meeting.

The Requisition convening the present Meeting was signed by Sir D. J. CORRIGAN and Dr. SMITH.

Read—The following Letter, from the Registrar :

BRANCH MEDICAL COUNCIL (IRELAND),
35, DAWSON STREET, DUBLIN,
August 31st, 1874.

GENTLEMEN,

I beg to thank you for your kindness in complying with my request to be provided with the assistance of a Clerk ; and to say that I have appointed Mr. THOMAS S. SNAGG to that office from the 1st September prox., subject to the conditions and terms specified in your resolution of the 28th inst.

Your obedient Servant,
(Signed) W. E. STEELE,

*To the BRANCH MEDICAL COUNCIL
for Ireland.*

Registrar.

Read—A Letter from Dr. ACLAND, President of the General Council, addressed to Dr. SMITH, with regard to the appointment of Visitors of Examinations, from Ireland.

Resolved—That a Letter be addressed to each of the following gentlemen, asking them whether, if called on to do so by the Executive Committee of the General Medical Council, they will be willing to act as Visitors of Examinations, and at the same time to mention to them the conditions on which the appointments will be made, *viz.* :

JOHN KELLOCK BARTON, M.D., F.R.C.S.I.
ARTHUR WYNNE FOOTE, M.D., F.K.Q.C.Ph.I.
JAMES LITTLE, M.D., F.K.Q.C.Ph.I.
JOHN MORGAN, F.R.C.S.I.

EDWARD HAMILTON, M.B., F.R.C.S.I.

JAMES HENRY WHARTON, F.R.C.S.I.

PETER REDFERN, M.D., F.R.C.S. Eng.

JOHN CLELAND, M.D.

JOSEPH HENRY CORBETT, M.D.

EDWARD H. BENNETT, M.D., F.R.C.S.I.

ROBERT DYER LYONS, M.B., F.K.Q.C.Ph.I.

THOMAS HAYDEN, F.K.Q.C.Ph.I.

Resolved—That this Branch Council be summoned to meet on Saturday next, the 3rd October, to receive replies to the Letters ordered above.

Signed—CHARLES H. LEET, M.D.,

Chairman.

October 3rd, 1874.

(No. 88.)

IRISH BRANCH
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION.

October 3rd, 1874.

Present—

CHARLES H. LEET, M.D., in the Chair.

WILLIAM STOKES, M.D. Sir D. J. CORRIGAN, Bart., M.D.

AQUILLA SMITH, M.D. RAWDON MACNAMARA, Esq.

W. E. STEELE, M.D., *Registrar.*

The Minutes of the last Meeting were read and signed.

Read—Replies to the letters addressed to Members of the Medical Profession, asking whether they would be willing to act as Visitors of Examination if appointed to that office by the Executive Committee.

Resolved—That in accordance with the letter of the President of the General Medical Council, dated 8th September last, requesting this Branch Council to nominate for the information of the Executive Committee such gentlemen as may be willing to act as Visitors of Examinations, each of the Qualifying Bodies in Ireland be requested to take steps to ascertain what Members of those Bodies respectively may be willing to undertake the duty.

The terms on which the appointment will be made are that each gentleman appointed shall be ready to visit and report on such Examinations of the Qualifying Bodies of the United Kingdom as he may be requested to attend. The rate of remuneration to be as follows :—travelling expenses ; together with five guineas a day, whilst engaged in the Visitation, with an allowance of one guinea a day for hotel expenses. Replies will be received on or before Tuesday, 13th inst.

The fees of the Members of this Branch Council, for attendance at the last and the present Meeting, amounting to £21, were paid.

Resolved—That this Branch Council be summoned to meet on Thursday, the 15th inst., at four o'clock, p.m.

Signed—R. MACNAMARA,
Chairman.

October 15th, 1874.

(No. 89.)

I R I S H B R A N C H
OF THE
GENERAL COUNCIL
OF
MEDICAL EDUCATION & REGISTRATION

October 15th, 1874.

Present—

RAWDON MACNAMARA, Esq., in the Chair.

WILLIAM STOKES, M.D. Sir D. J. CORRIGAN, Bart., M.D.

AQUILLA SMITH, M.D. CHARLES H. LEET, M.D.

JAMES APJOHN, MD.

W. E. STEELE, M.D., *Registrar.*

The Minutes of the last Meeting were read and signed.

Read—Letters from the following Corporate Bodies in reply to the inquiry ordered at the last Meeting, submitting the names of Members of those Bodies respectively who are willing to act as Visitors of Examinations, *viz.* :

King and Queen's College of Physicians, Ireland.

Royal College of Surgeons, Ireland.

University of Dublin.

Apothecaries' Hall, Dublin.

No reply was received from the Queen's University, Ireland.

*From the King and Queen's College of Physicians,
Ireland.*

JOHN GUINNESS BEATTY. Lic. R. Coll. Surg. Irel. 1866. Lic. 1866,
Lic. Midwif. 1866, K. Q. Coll. Phys. Irel.

ARTHUR WYNNE FOOT. Lic. R. Coll. Surg. Irel. 1862. M.B. 1862,
M.D. 1865, Univ. Dublin. Lic. 1862, Fell. 1866, K. Q.
Coll. Phys. Irel.

THOMAS HAYDEN. Lic. 1850, Fell. 1852, R. Coll. Surg. Irel.
Lic. 1860, Lic. Midwif. 1860, Fell. 1867, K. Q. Coll.
Phys. Irel.

JAMES LITTLE. Lic. R. Coll. Surg. Irel. 1856. M.D. Univ.
Edin. 1861. Lic. 1865, Lic. Midwif. 1865, Fell. 1867,
K. Q. Coll. Phys. Irel.

ROBERT DYER LYONS. M.B. Univ. Dublin, 1848. Lic. R. Coll.
Surg. Irel. 1849.

STEPHEN MYLES M'SWINEY. Mem. R. Coll. Surg. Eng. 1844.
M.D. Univ. St. And. 1847. Lic. 1854, Lic. Midwif. 1860,
K. Q. Coll. Phys. Irel.

From the Royal College of Surgeons, Ireland.

JOHN KELLOCK BARTON. Lic. 1852, Fell. 1859, R. Coll. Surg. Irel. M.B. 1854, M.D. 1861, Univ. Dublin.

ANTHONY HAGERTY CORLEY. Lic. 1861, Lic. Midwif. 1864, Fell. 1865, R. Coll. Surg. Irel. M.D. Q. Univ. Irel. 1863.

HENRY GRAY CROLY. Lic. 1856, Lic. Midwif. 1857, Fell. 1863, R. Coll. Surg. Irel. Lic. K. Q. Coll. Phys. Irel. 1860.

EDWARD DILLON MAPOTHER. Lic. 1854, Fell. 1862, R. Coll. Surg. Irel. M.D. Q. Univ. Irel. 1857.

JOHN MORGAN. Lic. 1850, Fell. 1857, R. Coll. Surg. Irel.

WILLIAM STOKES, JUN. Lic. R. Coll. Surg. Irel. 1862. Mast. Surg. 1863, M.B. 1863, Univ. Dublin.

From the University of Dublin.

EDWARD HALARAN BENNETT. M.B. 1859, Mast. Surg. 1859, M.D. 1864, Univ. Dublin. Fell. R. Coll. Surg. Irel. 1863.

BENJAMIN GEORGE M'DOWELL. Lic. 1841, Fell. 1845, R. Coll. Surg. Irel. Extra Lic. R. Coll. Phys. Lond. 1846. M.D. Univ. Dublin, 1858.

JOHN MALLETT PURSER. M.B. Univ. Dublin, 1863. Lic. R. Coll. Surg. Irel. 1863. Lic. 1865, Lic. Midwif. 1865, K. Q. Coll. Phys. Irel.

From the Apothecaries' Hall, Dublin.

THOMAS COLLINS. Lic. Apoth. Hall, Dublin, 1833. Mem. R. Coll. Surg. Eng. 1835.

ROBERT MONTGOMERY. Mem. R. Coll. Surg. Eng. 1847. Lic. Apoth. Hall, Dublin, 1841.

CHARLES FREDERICK MOORE. Lic. Apoth. Hall, Dublin, 1843.
Lic. 1844, Fell. 1865, R. Coll. Surg. Irel. M.D. Univ.
Glasg. 1844. Lic. Soc. Apoth. Lond. 1853.

EDWARD JOSEPH O'NEILL. Lic. R. Coll. Surg. Irel. 1853.
M.D. Univ. St. And. 1858.

[NOTE.—The names in each of the foregoing Lists are in alphabetical order; and the Qualifications are printed as they stand in the *Medical Register* of 1874.]

The fees of the Members of the Council^s, for their attendance at the present Meeting, amounting to £12 12s., were paid.

Signed—AQUILLA SMITH, M.D.,
Chairman.

February 8th, 1875.

STANDING ORDERS & REGULATIONS

OF THE

GENERAL MEDICAL COUNCIL.

1873.

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STANDING ORDERS & REGULATIONS

OF,

THE GENERAL MEDICAL COUNCIL.

I.

MEETINGS OF THE GENERAL COUNCIL.

1. That the President, or any eight Members of the General Council, may summon a Meeting of the General Council at any time, by letter addressed to each Member.—(Minutes, vol. i., p. 21.)

2. That previously to any Session or Special Meeting of the General Council, the Registrar prepare a Programme of Business, and furnish two copies to each Member of the Council, not less than three days before the day of Meeting.—(Minutes, vol. ii., p. 4.)

II.

FORMS TO BE OBSERVED ON THE INTRODUCTION OF NEW MEMBERS OF THE COUNCIL.

1. That the President, on receiving intimation of the resignation or death of any Member of the General Medical Council, cause notice of the same to be sent to the Registrar of each of the Branch Councils.—(Minutes, vol. i., p. 154.)

2. That the President, on receiving from any of the Bodies entitled to send representatives to the Medical Council, or in the case of Members nominated by the Crown an official notice, of the election or nomination of a new Member or of new Members, announce the same to the Registrar of each Branch Council.—(*Ibid.*)

3. That the Registrar summon the person so elected or nominated to the first Meeting of the Branch Council to be held after such announcement; and that before the new Member presents himself at such Meeting, the President's notification of his election or nomination be read, and that he be then introduced to the Meeting by some Member of the Branch Council.—(Minutes, vol. i., p. 154.)

4. That the same forms be observed in the case of Members who have or have not taken their seat in the Branch Council, when they take their seat for the first time in the General Council.—(*Ibid.*)

III.

ORDER OF BUSINESS.

1. That the Council meet each day at 2 o'clock p.m., and do not sit after 6 p.m.—(Minutes, vol i., p. 30.)

2. That the hour of Meeting of the Council shall be 1 p.m., and of adjournment 4 p.m., when the Meetings shall take place on Saturdays.—(Minutes, vol. iv., p. 8.)

3. That the roll be called on the President's taking the Chair, and that any Member not present before the Minutes of the previous day are confirmed, be deemed absent.—(Minutes, vol. ii., p. 8.)

4. That no Member, after taking his place, leave the Meeting without the permission of the Chairman.—(*Ibid.*)

5. That during the Sessions of the Council, a Programme of subjects to be brought forward and of notices of Motions given by Members, be prepared, printed, and distributed by the Registrar from day to day, as may be required, and that a Committee be annually appointed to aid the Registrar in this matter.—(Minutes, vol. ii., p. 5.)

6. That any Motion or Motions lying over from the previous day take precedence of new matter, except by special permission of the Council.—(Minutes, vol. i., p. 43.)

7. That no Motion or Amendment be withdrawn after having been put from the Chair, except by leave of the Meeting.—(Minutes, vol. ii., p. 5.)

8. That the Seconder of a Motion may, if he pleases, reserve his Speech.—(Minutes, vol. iii., p. 17.)

9. That if an Amendment be proposed on a Motion, the Amendment be disposed of before any other Amendment shall be moved.—(Minutes, vol. iii., p. 18.)

10. That such Amendment be first put to the vote; that if it be negatived, a second Amendment may be moved, and shall be disposed of in the same way as the first Amendment; and so on until no further Amendment shall be proposed.—(*Ibid.*)

11. That should every Amendment be negatived, the original Motion be then put to the vote.—(*Ibid.*)

12. That if any Amendment be carried, it be then put as a substantive Motion, and treated, as to further Amendments and the right of speaking on it, in all respects as an original Motion.—(*Ibid.*)

13. That all Amendments be so framed that they may be read as independent Motions.—(Minutes, vol. ii., p. 5.)

14. That in all cases where a division has taken place, any Member of the Council may require that the names or numbers of the majority and minority, and of those declining to vote, be entered on the Minutes.—(Minutes, vol. iii., p. 78.)

15. Mode of procedure in case of Motions having reference to any PENAL MEASURES :

1. That the deliberations of the Council, between the completion of the evidence and the decision of the case, be held in private.
2. That the question as to the person charged being guilty or not guilty, be put from the Chair, and not in the form of Resolution by mover and seconder.—(Minutes G. C., March 5th, 1872, p. 65, § 5.)

IV.

MINUTES OF THE COUNCILS.

1. That the proceedings of the Meetings of the General Council

be recorded by the Registrar in writing, in a book to be kept for that purpose.—(Minutes, vol. i., p. 67.)

2. That the Minutes of each Meeting (marked "*Confidential*" until confirmed) be printed in 8vo., and sent to each Member from day to day.—(Minutes, vol. i., p. 3.)

3. That the Minutes of each Meeting contain such Motions and Amendments as have been proposed and adopted, or negatived, with the names of the Proposer and Seconder, and without any comment or observation of Members annexed.—(Minutes, vol. i., p. 6.)

4. That the Minutes of the Meetings of the Branch Councils, and of the Executive Committee, be printed uniformly with those of the General Council, and that copies of them (marked "*Confidential*") be sent to every Member of the General Council.—(Minutes, vol. i., p. 22.)

5. That after the close of any Session or Special Meeting of the Councils, two copies of the confirmed Minutes be sent to each Member.—(Minutes, vol. i., p. 23.)

V.

COMMITTEES.

1. That the President be *ex officio* a Member of all Committees.—(Minutes, vol. ii., p. 7.)

2. That no Report from any Committee of the Council shall appear in the Minutes until it has first been printed in the "Programme of Business."—(Minutes, vol. iv., p. 299.)

VI.

EXECUTIVE COMMITTEE.

1. That the Executive Committee make up the Annual Accounts, and compute the per-centage chargeable against each Branch Council.—(Minutes, vol. i., p. 71.)

2. That the Executive Committee keep regular written Minutes of their proceedings, and that these Minutes be printed, and circulated among the Members of the Council.—(Minutes, vol. i., p. 72.)

3. That the 5th of January in each year be the day on or

before which the Treasurers of Branch Councils shall make their returns to the General Council; and that as soon thereafter as may be, the computation of the per-centage and amount of contributions of the Branch Councils be made, under Section XIII of the Medical Act (lines 11 to 14 inclusive); and also that the Accounts of the General and Branch Councils be examined by the Executive Committee previously to their being laid before Parliament in the month of March, under Section XLIV of the Act.—(Minutes, vol. i., p. 17.)

4. That in striking the annual per-centage rate, in accordance with Section XIII of the Act, the words “all moneys received” be understood to mean all moneys received by the respective Branch Councils, from whatever sources derived.—(Minutes, vol. i., p. 151.)

5. That in the event of a vacancy or vacancies occurring, during the recess, in the Executive Committee, they be empowered to fill up such vacancy or vacancies.—(Minutes, vol. i., p. 156.)

6. That the publication of the Register be superintended by the Executive Committee.—(Minutes, vol. i., p. 21.)

7. That it be delegated to the Executive Committee to print annually, in the Register, a statement of the distribution of the copies of the Register, as approved by the Government.—(Minutes, vol. ii., p. 204.)

8. That the Members of the Executive Committee be elected by Ballot, by means of Marked Lists.—(Minutes, vol. iii., p. 19.)

9. That the Executive Committee consist of six Members exclusive of the President, instead of four, as at present. That of the six Members to be elected, four be chosen from the English, one from the Scottish, and one from the Irish Branch Council.—(Minutes, vol. iv., p. 302.)

10. That it be delegated to the Executive Committee, in case of the death or incapacity from illness of the Registrar when the General Council is not in Session, to appoint a person to perform temporarily the duties of Registrar.—(Minutes, vol. iii., p. 307.)

11. That it be delegated to the Executive Committee to prepare annually, and lay before the Council for recognition, a list of Examining Bodies whose Examinations shall fulfil the conditions of the Medical Council as regards Preliminary Education.—(Minutes, vol. iv., pp. 145-6.)

12. That the Executive Committee should consider and prepare Reports upon any subjects that may suggest themselves to them as requiring the attention of the General Council.—(Minutes, vol. v., p. 179.)

13. That such Reports should be printed and circulated among the Members of the General Council, at least one fortnight before its meeting.—(*Ibid.*)

14. That the Branch Councils be requested to transmit to the Executive Committee the Reports of the Visitations of Examinations, at least a month before the meeting of the General Council, in order that they may be printed, and circulated confidentially among the Members of Council.—(Minutes, vol. v., p. 180.)

15. That the Executive Committee meet before the annual Meeting of the General Council, in order to prepare and arrange the business for the consideration of the Council.—(*Ibid.*)

16. That the Executive Committee be authorized to apply to the Licensing Bodies for such information as may be necessary for the due execution by the Committee of such business as may be delegated to them.—(Minutes, vol. v., p. 256.)

17. That the printing of the Volumes of Minutes be under the direction of the Executive Committee.—(Minutes, vol. viii., pp. 17, 18.)

18. That the Returns from the Bodies in Schedule [A] of Professional Examinations and their Results be confided to the care of the Executive Committee.—(Minutes G. C., March 5th, 1872, pp. 63, 64, § 3.)

19. That power be delegated to the Executive Committee to restore to the Medical Register, if they see fit, the name of any person whose name may have been erased from the Register under Sect. XIV of the Medical Act.—(Minutes G. C., April 3rd, 1873, p. 128.)

VII.

REGISTRATION.

1. That the Register be made out in strict conformity with Schedule [D] to the Medical Act, setting forth the Name in the first column, the Residence in the second, and the Qualification in the third.—(Minutes, vol. i., p. 19.)

2. That the words “or any Qualification” in Section XXX, line 2, be held to mean any of the “Qualifications” mentioned in Schedule [A], and none other.—(Minutes, vol. i., p. 21.)

3. That a Foreign Degree conferred without Examination at the seat of the University or College granting such Degree, does not furnish sufficient reason for Registration.”—(Minutes, vol. i., p. 34.)

4. That in every instance in which application shall have been made to register a Foreign or Colonial Degree, the Registrar of the General Council inquire, by letter addressed to the University or College which is represented to have conferred it, whether the name of the person making the application is really on its list, and if the Degree or Diploma has been conferred after Examination by, and at the seat of, the University or College, and the date thereof. Also, that the Registrar, when communicating with Foreign or Colonial Universities and Colleges, shall endeavour to ascertain, in the case of each University or College, what Examinations and conditions have been held by it to be indispensable for the admission of persons to Degrees or Diplomas in Medicine; and how far such Examinations or conditions have been at any time, or under any circumstances, dispensed with or modified in favour of persons who have not studied in the University or College in question.—(Minutes, vol. i., p. 25.)

5. That the General Registrar forward to each Branch Registrar the returns received from the Foreign and Colonial Universities and Colleges, in answer to the circulars regarding applicants residing in his district; and that the Branch Registrars, under

direction of the Branch Councils, enter on the Register the names of those Foreign and Colonial Graduates who appear from the Returns to have taken their Degrees after regular Examination.—(Minutes, vol. i., p. 26.)

6. That the Branch Councils of England, Scotland, and Ireland respectively be empowered, under the Act (Section VI), to direct the Registration, under the Act (Section XLVI), of any persons who have held appointments as Surgeons or Assistant-Surgeons in the Army, Navy, or Militia, or in the service of the East India Company, or who were acting as Surgeons in the Public Service, or in the service of any Charitable Institution, on or before the 1st of October, 1858, after the production of evidence, satisfactory to the Branch Council to which such applications may be made, that there is sufficient ground for directing such Registration to be made.—(*Ibid.*)

7. That when any person entitled to be registered under the Medical Act applies to the Registrar of any of the Branch Councils for that purpose, such Registrar forthwith enter in a Local Register in the form set forth in Schedule [D] to the Act, or to the like effect, to be kept by him for that purpose, the name and place of residence, and the Qualification or several Qualifications in respect of which the person is so entitled, and affix to such entry in the Register the date at which it was made.—(Minutes, vol. i., p. 63.)

8. That the Registrar of each Branch Council, within two clear days (Sundays excepted) after he has received notice of any alteration in the Addresses or Qualifications, or legal evidence of the death, of any person registered under the Act, cause corresponding alterations to be made in the Register, and the name of such deceased person to be erased from the Register.—(Minutes vol. i., p. 64.)

9. That the Registrars of the Branch Councils for Scotland and Ireland keep an alphabetical list of persons registered; and, after entering a name in the Local Register, enter it forthwith also in its own place in the alphabetical list.—(*Ibid.*)

10. That, as provided by the Act (Section XXV), the Registrar for Scotland or Ireland send, with all convenient speed, to the Registrar of the General Council, a copy, certified under his hand, of all the changes so made in the Local Register.—(Minutes, vol. i., p. 64.)

11. That the General Registrar forthwith cause such changes in the Branch Registers to be made in the General Register.—(*Ibid.*)

12. That the General Registrar also keep, as directed by the Act (Section XXVII), the General Register in alphabetical order; and on receiving any additional name, forthwith enter it in such General Register.—(*Ibid.*)

13. That each page of these Registers be verified by the signature of the Registrar.—(*Ibid.*)

14. That one Supplementary List of Entries in the Medical Register be published annually, viz., at Midsummer, instead of four Quarterly Lists.—(Minutes, vol. viii., Ex. C., p. 30.)

VIII.

REMOVAL OF A NAME FROM THE REGISTER.

1. That any application for the removal of a name from the Register be investigated, in the first instance, by the Branch Council of that part of the Kingdom in which the person whose name is proposed to be removed may reside.—(Minutes, vol. ii., p. 54.)

2. That in the event of such an application being made to the Registrar of the General Council, the Registrar of the General Council refer the question to the Branch Council by whom it should, under the preceding Regulation, be primarily investigated.—(*Ibid.*)

3. That the Branch Council, having investigated the case, and having collected the evidence, send a statement of the case, and

the evidence in support of it, to the Registrar of the General Council, one calendar month before the probable time of the meeting of the General Council.—(Minutes, vol. ii., p. 54.)

4. That the Registrar of the General Council, under the direction of the President, consult the Solicitors of the General Council, and, if necessary, take Counsel's opinion on the case; and, if so directed, summon the person against whom the proceedings have been instituted to attend the General Council.—(*Ibid.*)

5. That if the Solicitors or Counsel shall advise that the application is not tenable, or that the evidence is insufficient, the application be referred back to the Branch Council with whom the proceedings originated.—(*Ibid.*)

6. That, should the Council remove the name of any person from the Register under Section XXVIII or XXIX of the Medical Act, due intimation of the same be made to all the Bodies enumerated in Schedule [A] to the Act.—(Minutes, vol. ii., p. 54; and vol. iii., p. 80.)

7. That the Registrar be directed to send annually, within one month after the meeting of the Council, to the various Bodies in Schedule (A), the names of those who during the Meeting of the Council have been struck off the Register by order of the Council, and to request the attention of each Body to Regulation 8, Chapter VIII, of the Standing Orders.—(Minutes, vol. ii., p. 239.)

8. That a List of all Registered Practitioners, whose names at any time have been removed from the Register and not reinstated, be printed annually, and sent to the Registrars of the various Bodies in Schedule [A] to the Act.—(Minutes G. C., April 3rd, 1873, p. 127.)

9. That the Council recommend that any person whose name has been once removed from the Register shall not be admitted to Examination for any new Qualification without the consent of the General Medical Council.—(Minutes, vol. ii., p. 240.)

IX.

FEES FOR REGISTRATION.

1. That the following be the scale of fees payable for Registration, viz. :
2. For all persons Qualified before the 1st of January, 1859, Two Pounds.
3. For all persons Qualified after the 1st of January, 1859, Five Pounds.
4. For persons in Practice before 1815, Two Pounds.
5. For the insertion of additional Qualifications, Five Shillings.
(Minutes, vol. i., p. 7.)

X.

FEES FOR ATTENDING COUNCILS.

1. That the scale of fees adopted on the 3rd of August, 1859, for attendance on the General Council, the Executive Committee, and the Branch Councils, and also for travelling and hotel expenses, which was approved of by the Commissioners of Her Majesty's Treasury, be adhered to until altered by the Council.—(Minutes, vol. i., p. 151.)
2. That the rate of payment for attendance on the General Council be the same for all Members of the Council.—(Minutes, vol. i., p. 29.)
3. That the fees for attendance on the General Council be Five Guineas per day to each Member attending.—(*Ibid.*)
4. That Members of the General Council residing at more than two hundred miles from London, shall receive Five Guineas per day for the day of their coming and for the day of their return.—(*Ibid.*)
5. That the travelling expenses be on the scale formerly approved of by the General Council, and that a Guinea a day be allowed to non-resident Members for hotel expenses.—(*Ibid.*)
6. That the fees for attendance at the Meetings of the Executive Committee and Branch Councils be Two Guineas to each Member attending, his travelling expenses being also paid.—(*Ibid.*)

SCALE OF TRAVELLING EXPENSES.

	£	s.	d.
Scotland	9	9	0
Ireland	8	8	0
Sunderland	6	6	0
Southampton	2	2	0
Cambridge	2	2	0
Oxford	2	2	0

(Minutes, vol. i., p. 29.)

7. That the non-resident Members of the General Medical Council be paid hotel expenses for every Sunday while in London on the business of the Council.—(Minutes, vol. i., p. 151.)

8. That the Visitors of Examinations shall in future receive payment for their services at the same rate as for attending a Meeting of the Branch Council, in addition to travelling expenses.—(Minutes, vol. v., p. 235.)

XI.

TREASURERS.

1. That two Members of the Council, resident in London, be Treasurers, and that all cheques on the Bank be signed by one of the Treasurers, and, in addition, by the Registrar.—(Minutes, vol. i., p. 15.)

XII.

REGISTRAR.

1. That the salary of the Registrar be fixed at £500 per annum.—(Minutes, vol. i., p. 14.)

2. That £200 of the General Registrar's salary of £500 be charged against the funds of the Branch Council for England.—(Minutes, vol. ii., p. 251.)

3. That the Registrar be not Treasurer.—(Minutes, vol. i., p. 10.)

4. That the Registrar do not retain in his hands more than £100, but lodge all moneys, as they accumulate, in the Bank of England, to the credit of "The General Council of Medical Education and Registration of the United Kingdom."—(Minutes, vol. i., p. 15.)

5. That in all cases where Returns are required by the Council

from the Bodies in Schedule [A] to the Act, the Registrar of the Council be directed to give notice to the several Bodies at least one month before such Returns have to be rendered.—(Minutes, vol. ii., p. 105.)

6. That Returns from the Licensing Bodies in Schedule [A] be made annually on the 1st of January, and in the subjoined form (*see* Minutes, vol. ii., p. 127), to the General Medical Council, stating the number and names of the Candidates who have passed their first as well as their second Examinations, and the number of those who have been rejected at the first and second Examinations respectively; and that the Registrar forward a sufficient number of forms, with a notice of their being returned in due time.—(Minutes, vol. ii., p. 127.)

XIII.

PENALTIES.

1. That the Treasurer of the General Council may contribute, under the direction of the Branch Councils, any portion, or the whole, of any money penalty, which may accrue to the Council from a successful prosecution under this Act, towards defraying the expenses of such prosecution.—(Minutes, vol. i., p. 53.)

XIV.

APPOINTMENT OF MEMBERS OF THE COUNCIL.

1. That a book be kept, containing the names of the Members of the Council, the Bodies they represent, the date of appointment of each Member, the term for which he was appointed, and the date of the death or retirement of each Member; and that such book be regularly kept up, so as at once to show the period at which each of the Bodies having power to appoint should proceed to a new appointment, also the same particulars with regard to Members appointed by the Crown.—(Minutes, vol. ii., p. 245.)

2. That a Form for appointing Members be prepared, and sent by the Registrar to the Secretary of State (Lord President of the Privy Council?), and to each Body having power to appoint, two months before the expiration of the term of the existing appoint-

ment, so that the new appointment may be made to take effect from the day on which the old appointment shall expire.

FORM OF SUCH APPOINTMENT.

*We, the
in pursuance of the power given to us by the Medical Act, do
hereby appoint
to be a Member of the General Council of Medical Education and
Registration of the United Kingdom, for the term of
year from the day of 187
(Minutes, vol. ii., p. 245.)*

XV.

CORPORATE SEAL.

1. That the Corporate Seal be kept in a box having two different locks. That the key of one lock be in the custody of the President, and that of the other in the custody of the Registrar.—(Minutes, vol. ii., p. 242.)

2. That the Seal be affixed only by order of the General Council, or, when the General Council is not sitting, by order of the Executive Committee of the General Council; its use by such Committee being limited to such acts as may be necessary to effectuate the powers delegated to it by the General Council.—(Minutes, vol. ii., p. 243.)

3. That any order for affixing the Seal state the object of its use, and be entered on the Minutes of the General Council, or of the Executive Committee, as the case may be.—(*Ibid.*)

• XVI.

PENAL MEASURES.

1. That the deliberations of the Council, between the completion of the evidence and the decision of the case, be held in private.

2. That the question as to the person charged being guilty or not guilty, be put from the Chair, and not in the form of Resolution by mover and seconder.—(Minutes G. C., March 5th, 1872, p. 65, § 5.)

A P P E N D I X

TO

VOL. XI.

REPORTS
OF THE
VISITORS OF EXAMINATIONS

DEPUTED BY THE
GENERAL MEDICAL COUNCIL

1873.

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REPORTS

OF THE

VISITORS OF EXAMINATIONS.

REPORT ON THE EXAMINATIONS OF THE SOCIETY OF
APOTHECARIES, LONDON.

Held on the 10th, 18th, 23rd and 24th December, 1873.

Visitors :—RICHARD QUAIN, M.D., Member of the General Medical Council,
A. W. BARCLAY, M.D., and GEORGE BUSK, F.R.C.S., Visitors
appointed by the Council.

We attended the Examination at the Hall of the Society of Apothecaries on the 10th, 18th, 23rd and 24th December. The number of Candidates on these occasions varied from a minimum of four to a maximum of twenty-one. The Examination for the Licence is divided into two parts, but both are conducted at the same time, in the same room, and the Candidates belong to both classes.

The FIRST EXAMINATION, which may be passed after the Second Winter Session, embraces the following subjects :—Physicians' Prescriptions; Anatomy and Physiology; General and Practical Chemistry; Botany and Materia Medica.

The SECOND EXAMINATION, passed at the termination of the Medical

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- 6

Studies, embraces:—Principles and Practice of Medicine; Pathology and Therapeutics; Midwifery, including the Diseases of Women and Children: Forensic Medicine and Toxicology.

Both Examinations now occupy two successive days. This change, we understand, was made in June last, prior to which, the whole of the Examination was completed on one evening. The Written Examination takes place on Wednesdays, and the *visâ voce* Examination on Thursdays. On Wednesday, when all the Candidates are assembled, the Examiners for the first and second Examinations read out alternately from a written paper, the questions to be answered by each class of Candidates, by whom they are written down before being answered in writing. We append copies of the questions set on the occasion of our visit.

FIRST EXAMINATION.

Chemistry.

1.—Describe an Electrical Machine, and explain its action.

2.—What substances are produced by the destructive distillation of Coal? How is Ammonia separated, and how is Coal-Gas purified for ordinary use? State the composition of each substance, and give the chemical symbols.

3.—How is Tannic Acid produced? What is its relation to Gallic Acid? State the composition of each in symbols, and give their Chemical and Physical properties.

4.—How is Mercury procured? Give its Chemical and Physical properties, and the distinguishing tests for its various salts.

Materia Medica.

1.—How are Liquor Potassæ, Magnesiæ Carbonas, Plumbi Subacetat prepared? Give the preparations of the latter substance.

2.—Give the preparations of Mercury for internal and external use; state the uses and doses of the former.

3.—Describe the different kinds of Aloes, Senna, and Rhubarb used in the *British Pharmacopœia*. Give the characters of genuine Senna and Rhubarb, and mention the preparations and therapeutical uses of the latter.

4.—Describe the stem, leaf and seed of an Exogenous and an Endogenous Plant. Describe the Fern from which the *Extractum Filicis Liquidum* is prepared.

Four questions in Anatomy and Physiology are also set when any Candidate presents himself who has not passed the First Examination of some Licensing Body, entitled to give a Degree or Diploma in Surgery.

SECOND EXAMINATION.

Medicine, &c.

1.—Describe the symptoms, causes, pathology and treatment of Epilepsy.

2.—Describe accurately the physical signs of the following diseases; Pneumonia (in the first and second stages); Pleurisy of the left side with great effusion; Emphysema; Dilatation of the Heart and insufficiency of Aortic Valves.

3.—What are the causes, symptoms and treatment of simple Colic; and how would you diagnose it from other affections for which it may be mistaken?

4.—Describe the symptoms, varieties, supposed pathology, and treatment of Purpura.

5.—Describe the morbid anatomy of Fatty Liver, Waxy Liver, and Cirrhosis of the Liver respectively.

6.—What are the general indications to be followed in the treatment of Fevers; and what are the medicines and other agents most suitable in that class of diseases?

Midwifery, &c.

1.—Describe the operation of Turning, and state under what circumstances that operation is advisable.

2.—What are the causes and treatment of post-partum Hæmorrhage?

3.—Describe the causes, symptoms, and treatment of ulceration of the os uteri.

4.—What are the symptoms, diagnosis and treatment of *Tabes Mesenterica*?

Forensic Medicine, &c.

1.—What are the symptoms, post-mortem appearances, and treatment of poisoning with Carbolic Acid?

2.—Describe the symptoms and treatment of poisoning by Opium and Belladonna respectively.

3.—With respect to Infanticide, what are the proofs,—(1) Of a child having breathed; (2) of its having been born alive and survived its birth several days; (3) of its having been still-born?

4.—How would you analyze the contents of the Stomach for the discovery of Arsenic, Prussic Acid, and Corrosive Sublimate respectively?

We are informed that the questions to be answered in writing, are proposed at a previous Meeting of the Court of Examiners, and approved by the Members present, before being given out to the Candidates, but they are never printed or lithographed. The time allowed for answering the whole of each of the preceding sets of questions is about three hours. The papers are read over, and a statement of the result is prepared before the following evening, expressed in terms of—"Optime bene," "Satis bene," "Vix satis bene," and "Male." This estimate of the merits of the Written Examination on each separate subject is placed in the hands of the Examiner on the Thursday evening as each Candidate presents himself for his Oral Examination.

With reference to Anatomy and Physiology, we have to remark that, although the Written Examination is only compulsory on those who have

not passed elsewhere in Anatomy as already mentioned, yet all Candidates for the First Examination are examined orally from preparations of the viscera, and practically in regional Anatomy on the living subject. During the continuance of the Written Examination each Candidate is called out in succession for a quarter of an hour, and is submitted to this practical Examination in an adjoining room.

Similarly, all Candidates for the Second Examination are called out of the room when the Examination by writing is going on, and are required to investigate a case of disease, one or more patients being brought to the Hall for this purpose. The Candidate is expected to write down the history of the case, the present symptoms (general and local), the diagnosis and treatment.

On the Thursday, we found in the Examination Room, four tables, at each of which there were seated two Members of the Court of Examiners, and a fifth table appropriated to microscopes with a separate Examiner. Candidates for both First and Second Examinations were examined at each table indiscriminately, a paper being handed to the Examiners when the Candidate presented himself, stating the Examination which he had to undergo, and the result of his Written Examination on each subject on the previous evening, together with a copy of the written questions in the Candidate's handwriting. On entering the room the Chairman of the court pointed out the table at which the candidate was to present himself, and from that he passed in succession to each of the other tables at intervals of a quarter of an hour.

At the several tables, one of the two Examiners was more especially appointed to examine Candidates for the First Examination, and the other, those for the Second Examination; suitable apparatus being provided to make the Examination practical and efficient. The Anatomical Examiner was provided with specimens of organs preserved in spirits, and dried preparations; models of the pelvis, fetal head, &c., were used for the Examination in Midwifery; and a large collection of specimens of *Materia Medica*, chemicals, poisons and morbid secretions was provided, along with

the appropriate tests, and the necessary apparatus, at those tables which were devoted to the Examinations in Chemistry, Forensic Medicine and Pathology.

At one table the Examiners in Anatomy and Midwifery were seated together; at a second the Examiners in Chemistry and Pathology; at a third the Examiners in Materia Medica and Forensic Medicine; at the fourth the Examiners in Pharmacy and in Practice of Medicine; at the fifth table the Histological Series included Anatomical and Morbid Specimens, urinary deposits and other preparations.

The several Examiners are not absolutely restricted to the subjects for which they are more especially selected, and each acts as assessor to the other at the same table, occasionally asking a question of the Candidate, or offering an explanation of a question which seems obscure.

We have to observe that, since the last Report was presented to the Medical Council, arrangements have been made as already indicated for obviating the defect in the Examination therein referred to, by having patients in an adjoining room whose cases can be investigated by the Candidate in the presence of the Examiners. The Oral and Written Examinations are now, also, conducted on separate days. For these improvements the Society of Apothecaries deserves full credit, as they have been introduced in spite of considerable difficulties, and show a laudable desire on the part of the Society to make their Examinations such as may meet with the approbation of the Council.

Reviewing the Examination as a whole, we are of opinion that it affords (when fully carried out) a fair test of the capacity of the Candidate, and of his fitness for being placed on the Register. But we cannot avoid remarking that the restrictions imposed by the Act of 1815, render it almost impossible for the Society to carry out a thorough system of Examination. It is difficult, if not impossible, for any Court of Examiners to meet for a fresh Examination every week, and yet to give each Candidate on all occasions a fair opportunity for exhibiting his acquaintance with

each of the many subjects on which he is examined; and we are of opinion that the time allowed for the writing of answers is out of proportion to the number and character of the questions proposed. An examination of the papers of the very best of the Candidates shows that the answers are written in a hurried and superficial manner.

Our attention was also unavoidably called to the want of due preparation on the part of some of the Candidates. In some cases his knowledge was evidently wholly superficial; in other cases it appeared that the knowledge of Anatomy, and especially of regional Anatomy, which had been acquired with a view to passing the College of Surgeons, had been in a great measure lost in the few months which had elapsed since that Examination; and on the whole, the conclusion was forced on our minds that in many cases the system of instruction had lamentably failed in its main purpose of educating the Student for the future practice of his profession.

We may further remark that we were given to understand that the Society is precluded by its Act from testing the knowledge of the Candidates in Surgery; though this is one of the subjects included in the list which the Medical Council at their Meeting on June 7th, 1867, (*see Minutes of the Council*, vol. v., p. 238), decided should be required of every Candidate for a Licence to Practise; and "without which no Candidate should be allowed to obtain a Qualification entitling him to be Registered."

We beg, in conclusion, to acknowledge the courtesy with which we were received by the Court of Examiners, the readiness with which they placed the Examination Papers at our disposal, and the facilities they afforded us for making ourselves acquainted with every detail connected with the Examinations.

RICHARD QUAIN, M.D.
A. W. BARCLAY, M.D.
GEO. BUSK, F.R.C.S.

London, 26th December, 1873.

**REPORT ON THE FIRST OR PRIMARY CONJOINT EXAMINATION
OF THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS
OF EDINBURGH.**

Held on the 8th and 9th July, 1873.

Visitors :—E. A. PARKES, M.D., Member of the General Medical Council,
TIMOTHY HOLMES, F.R.C.S., Visitor appointed by the Council.

The Examination on which we have to Report is the First Part of the Conjoint Examination instituted by the Colleges of Physicians and Surgeons of Edinburgh. It includes the subjects of Anatomy, Physiology and Chemistry, and consists of a written part which took place on Tuesday, July 8th, and of an oral part which took place on the 9th July. The Examiners are chosen by the two Colleges in the following way :—The Council of the Royal College of Physicians selects annually, subject to the approval of the College, eighteen Examiners, of whom six (viz. two in Anatomy, two in Physiology, and two in Chemistry) take part in the First Examination. The Examiners may be annually re-elected, and generally continue to be so for some years.

The Royal College of Surgeons annually selects by ballot at a General Meeting twelve Examiners, of whom a certain number take part in the First Examination ; these Examiners may be re-elected.

After nomination the Examiners meet and appoint Committees, who prepare questions sufficient in number for the whole year ; these questions

after being read and approved by the whole body of Examiners, are given in charge to the Treasurer, in whose care they remain until wanted.

At the Examination at which we were present there were only six Candidates, and one of these was examined only in Chemistry, as he had previously passed his Anatomical and Physiological Examination.

Of the remaining five, three were rejected on the Written Examination and were not allowed to go on to the Oral, two passed the Written Examination but were rejected at the Oral. So that no one passed on this occasion who went through the entire Examination.

We requested and at once obtained permission to peruse the written papers, and as the object of the General Medical Council is, we believe, not merely to see if the Examination is properly conducted but to form an opinion of the standard of excellence demanded by the Examining Body, and of the state of education among the candidates who present themselves, we thought it desirable to copy out all the written answers; which we now proceed to give. We shall not of course disclose the candidates' names, but describe them by numbers.

Before giving the questions and answers it will be best to state our opinion of the Oral Examination. There were two Examiners in Chemistry sitting together in one room, and two Examiners (one for Anatomy and one for Physiology) in another room. We were not present at the Examination in Chemistry, but we were informed that questions were asked, and that the candidates went through a few tests.

We were present while the two candidates who had passed the Written, but were finally rejected at the Oral Examination, were Examined in Anatomy and Physiology. The examination lasted for 20 minutes in each subject.

The Candidates were first subjected to an anatomical test on bones and dissections placed before them, and then were required to name two

microscopic specimens of minute Anatomy, and to answer questions in Physiology. The questions were clear, simple, and well adapted, in our opinion, to test a candidate's knowledge. They included questions on the dimensions of the pelvis; the attachment of muscles to pelvis and femur; the position of parts over the crural ring; in the triangles of the neck; the nerves of the axilla, brachial and cervical plexus; the muscles of the thorax; the salivary glands; mucous membrane of stomach; urine; villi and the muscularity of arteries.

WRITTEN EXAMINATION IN ANATOMY AND PHYSIOLOGY.

Questions.—Four questions, of which three are to be answered, and not more:—

1. Describe the component parts of the Tongue, the nerves which supply it, their course and distribution.
2. Mention the Arteries which supply the Brain, their origin and course; and state how the circle of Willis is formed.
3. Describe the course and relative Anatomy of the Œsophagus.
4. Describe the method of making a lateral section of the Male Pelvis, so as to retain the natural position of the viscera; and describe the relation of the viscera and fasciæ as seen when the section is completed.

It will be observed on reading the answers that no one attempted to reply to the 4th question.

In judging of the merit of the answers the examiners allow a total value of 100 marks and require 50 to be obtained.

ANSWERS.

The answers are as follows. We have copied them verbatim, including all errors, some of which were evidently mere accidental mistakes in hasty writing, others were mistakes in spelling.

ANSWERS OF CANDIDATE NO. 1.

(This Candidate passed in the Written Examination, receiving 55 marks, but was rejected on the Oral.)

"1. The Tongue is a muscular organ, situated within the cavity of the mouth, and composed of various sets of muscles covered by an epithelium, which is of a tessellated or squamous character. The muscles entering into its formation are Geniohyoid, Hyoglossæ (*sic*), Genio-hyoglossæ (*sic*), Lingualis; attached to its roots on either side Styloglossæ (*sic*), and Palatoglossæ.

"Nervous supply (*a*).—Hypoglossal, or true motor nerve of the Tongue, arises low down in the corpus of the medulla oblongata, passing through the cranium and lying below the digastric triangle of the neck, passes in under the post. belly of Digastric, and is distributed to the various muscles of the tongue lying between the Mylo Hyoid and Hyoglossus.

"(*b*) Lingual, or Gustatory from 3rd division of the 5th, is given off after it has passed through the foramen ovale, lying between the inner border of lower jaw and pterygoid muscle, passes along the side of the tongue, and is finally distributed to the Papillæ Conicæ, Filiforme and Fusiforme.

"(*c*) Glossopharyngeal, one of the divisions of the 8th, arises from the corpus restiforme and olivary body of medulla, enters the neck through the Foramen Jugulare, passes away to the posterior border of tongue lying on the internal Pterygoid, and is finally distributed to the Papillæ Fungiforme and Circumvallate (*sic*) at base of tongue.

"2. The arteries supplying the Brain are the two internal Carotids given off from the common carotids, and the two vertebral from 1st part of the Subclavian. The internal carotid is one of the bifurcations of the common carotid, at the superior cornu of the Thyroid cartilage, and takes a direction upwards, backwards, and outwards, entering the cranium through the carotid canal in the temporal bone dividing into Anterior, communicating or cerebral middle cerebral and posterior communicating as well as transverse. The vertebral enters the cranium through the Foramen magnum, and becomes the basilar which is embraced on either side by the 6th nerve, branches given off are various:—Dorsalis spinæ Arterior, Pont's posterior, cerebral, and superior and inf. cerebellar, as well as lesser meningeal (*sic*) arteries.

"The circle of Willis is formed by the transverse posterior communicating
"from Int. Carotid, and by the Posterior Cerebral given off from the
"Basilar.

"8. The Œsophagus is the muscular tube conveying food from the bag of the
"Pharynx to the stomach, which is known as the cardiac orifice. It passes
"out through the upper outlet of the Mediastinum, or Thorax, behind the
"Trachea and recurrent of the Pneumogastric, lying first to the right side
"of the aorta; then anterior to it, and, finally, for the rest of its course to its
"left side, passing through the elliptical opening of the Diaphragm (*sic*)
"known as muscular or cesophageal. It lies on the posterior mediastinum,
"having the left pneumogastric anterior to it and the right behind. Is
"composed of involuntary muscular fibre, having an external or longitudinal
"coat. Middle of circular Internal mucous covered by epitletium (*sic*) of
"the columnar or cylindrical character. It lies upon the Longus Colli and
"the vertibræ dorsal. Supplied by branches from the Aorta and from
"the gastric and splenic."

ANSWERS OF CANDIDATE No. 2.

*(This Candidate was rejected on the Written Examination
receiving 45 marks.)*

"1. The tongue is a muscular and highly sensitive organ. It is composed
"of Hyoglossus, Styloglossus, and Genioglossus. In the post. part you have
"a no. of papillæ, the circumvallate. These range from 10 to 12 in no.,
"and each is surrounded by a little fossa.

"In the middle you have papillæ called Fungiform, in the sides and tip
"you have a lot of little thread-like things—the filiform papillæ. These are
"covered by a very delicate membrane, which is very highly sensitive.
"Scattered through the substance of it you have a lot of little things
"called follicles, also a few lymphatics, and the lingual artery ramifying
"in it, and its veins.

"Nerves. Glossopharyngeal supplies the back part of dorsum and posterior
"part. The Gustative of 5th supplies the tip and slightly the edges.

"The lingual or hypoglossal nerve supplies the middle portion. Two of
"these are nerves of special sense, the other of motion.

"2. Vertebral and Int. Carotid. The vertebral enter at the foramen
"magnum, pass round the cerebellum, give off the post. inferior,
"superior, and anterior superior cerebellar arterics; these unite to form
"basilar, then the posterior cerebral is given off which makes a little

"semi-circle backwards, then ant^r. cerebral and post. communicating, then
 "middle cerebral, then comes in contact with internal carotid beside
 "the 2nd and 3rd nerves, then forms ant. communicating, then gives off
 "the anterior cerebral to the front lobes of the brain; and thus a continuous
 "supply of blood is always carried to a man's brain, which at times
 "of examination is very necessary.

"I forgot to mention that the vertebals give off a few spinal branches.
 "The internal carotids are a bifurcation of common carotid, and the
 "vertebral enters first 6th C. Vert. and passes up transv. processes of sp.
 "column, then winds rounds and passes in at foramen magnum.

"3. Œsophagus lies on vertebral column above and rather to left side and
 "behind the trachea, then passes into thorax where it is behind the divisions
 "of the trachea. *In front* of it you have first the aorta transverse part, and
 "then, as it goes lower in the thorax, it gets more to the left of the sp.
 "column until it reaches diaphragm.

"So that at first it is covered by the trachea also by the sheath of the
 "carotid vessels and their contents viz: Pneumogastric and sympathetic
 "(certainly not altogether but in part). The jugular vein would also be in
 "front of it, the recurrent laryngeal nerve would cross over it, not close by, but
 "superficially. It would also have in front of it the muscles attached to the
 "Hyoid bone. Also over it would (*sic*) the innominata vein also the
 "suprascapular artery would cross it. The Thyroid gland covering the
 "trachea would also cross it. To its right side would be the spinal column
 "and the thoracic duct, also the transverse aorta would slightly overlap it,
 "and then the descending aorta would be on its side (*sic*). It lies at first
 "on vertebral column, and rather to left side, and then in the lower part of
 "thorax it is at the side (*sic*) of the vertebral column, and then passes
 "through the opening in the diaphragm along with the two pneumogastric
 "nerves."

ANSWERS OF CANDIDATE No. 3.

*(This Candidate was rejected on the Written Examination,
 receiving 40 marks.)*

"1. The tongue is composed of a mass of muscular structure, cellular tissue,
 "papillæ nerves, arteries, veins, and covered with mucous membrane, which
 "is covered with epithelium.

"The nerves which supply it are the gustatory glosso-pharangeal (*sic*)
 "Hypoglossal.

"The course of the gustatory, commencing at the Inferior Division of the

"5th nerve (cranial), courses along the the (*sic*) sides beneath (*sic*) the lower maxilla, to be distributed on the anterior and antrolateral (*sic*) parts of the tongue.

"The Glossopharangeal (*sic*) nerves part of the eighth cranial course from the medulla oblongata to the cranium, from whence it issues through the jugular foramen, to be distributed to the posterior and lateral parts of the tongue.

"Hypoglossal or ninth cranial nerve issues through the condyloid foramen (*sic*) of the occipital bone, to be distributed to the tongue.

"2. The arteries which supply the brain are the two vertebrals and two Internal Carotids.

"The origin of the Vertebral Arteries are from the Subclavian Artery, and courses (*sic*) along the side of the neck in the foramina at the root of the transverse processes, and, finally, the arteries join and form the basilar artery.

"The origin of the Internal Carotids are (*sic*) from the common Carotid; opposite the thyroid body they course along the side of the neck external to the pharynx and larynx, then along the carotid canal of the temporal bone, when the two unite with the basilar artery to form the circle of Willis.

"3. The course of the œsophagus is commencing (*sic*) at the œsophageal opening in the pharynx, it courses along behind the trachea and bronchi, but in front of the bodies of the Cervical Vertebrae (lower five), and all the dorsal vertebrae, inclining a little to the left side in the cervical region; but again gaining the middle line, then inclining a little from the median line untill (*sic*) it finally ends by being prolonged into the cardiac end of the Stomach."

ANSWERS OF CANDIDATE NO 4.

(This Candidate was rejected on the Written Examination, receiving 20 marks.)

"1. The Tongue. Structure erectile tissue, composed of muscular fibres with lingual muscles lined with mucous membrane containing follicles, glands and papillae scattered over surface. Papillae divided into 3 classes 1 Calyciform (*sic*), 2 fungiform, 3 conical. The first of these on the dorsum, the 2 on the tip and side, and 3 the dorsum. The blood by the lingual, the nerves by the lingual and gustatory.

"2. Brain arteries Supraorbitalis thro' the supraorbital notch ciliary posterior, about 20 thro' the Sclerotic coat, to choroid coat ciliary processes and circle of iris. Internal carotid. The two vertebral which terminate in the Basilar 3° part of ophth^e artery, thro' post foramen to dura mater and nasal fossæ Ethmoidal ant^r to frontal sinus, nares Palpebral superior and inferior. Nasal anast^m with terminal branch of facial, Frontal to inner part of forehead. Art. Comm^s Post^r (Willis) runs backwards along outer side of pituitary gland, and Corp. Mamill joins post^r cerebral artery, which is branch of basilar; Choroid backwards and outwards along optic fascia (*sic*?) enters lateral ventricle through great fissure ant^r cerebral anast^m with its fellow by means of Art, comm^s runs to corpus callosum, supplies hemisphere Middle cerebral in the fissure of Sylvius to ant^r and middle lobes Posterior cerebral to Thalami Tubere. Quadrigeminus (*sic*), joined by communicans of Willis, Ant^r cerebral sup^r surface of cerebellum Int^r auditory, thro' the internal Meatus to int^r car posterior cerebral, from vertebral thro' 9 pair of nerves in front of 8th pair to posterior part of cerebellum.

• "3. Œsophagus descends from pharynx to left side behind trachea, through arch of Aorta, little in front of Thoracic Aorta, perforates diaphragm, terminates in cardiac extremity of stomach; on surfaces are found pneumogastric nerves.

"It is composed of longitudinal fibres (muscular) lined by mucous membrane circular at cardiac end."

ANSWERS OF CANDIDATE No. 5.

(This Candidate passed the Written Examination, receiving 50 marks, but was rejected on the Oral Examination.)

"1. The tongue is composed of muscular fibres together with 'three' sets of papillæ which are found on the dorsum of the tongue; one set is called *Fungiform*, another *Filiform*, and lastly the *circumvallate papillæ*.

"The tongue is supplied with three nerves, the first of which is the *Hypoglossal*. This comes from the eleventh division (Huxley) of the cranial Nerves and passes out of the skull through a foramen, situated just above the Foramen Magnum; it passes between the external and internal carotid arteries and forward to the tongue, to supply its under and back part. The next nerve is called the *Glosso-Pharyngeal*. This comes from the ninth pair of cranial nerves (Huxley), and leaves the skull by the

"jugal foramen; it supplies the middle and anterior portion of the tongue: "and lastly we have *The Gustatory Nerve*, which is the nerve of taste to the "tongue, and '*The Lingual*' which is a nerve of motion.

"2. The Arteries of supply to the brain are derived from two great "sources. *The Internal Carotid* artery which is a branch of Common "Carotid and the *Basilar*.

"The branches derived from the *Internal Carotid* are as follows (that is "which supply the Brain): The Anterior Cerebral, The Middle Cerebral, The "Anterior Choroid, and the Posterior communicating. The Anterior "Cerebral passes between the right and left frontal lobes. The Middle "Cerebral lies in the fissure of Sylvius, which is situated between the "Anterior and Middle lobes of the brain. The Anterior Choroid goes to the "Choroid Plexus, which aids in forming the floor of the Lateral Ventricle.

"3. The Œsophagus extends from the Pharynx to the left side of the "Trachea. Passing in front of the Thoracic Aorta, it pierces the Diaphragm "at an opening, called the Œsophageal opening, and terminates at the "Cardiac end of the stomach. It has in front of it the Trachea and "Pneumogastric Nerves."

WRITTEN EXAMINATION IN PHYSIOLOGY.

Questions :—Three questions, of which two are to be answered, and not more :—

1. By what mechanism are the different diameters of the Chest enlarged in inspiration? Name the muscles employed. Explain why the Lungs collapse when air is freely admitted into the cavity of the pleura by a wound in the thorax.

2. Specify and explain the effects produced by division of the Sympathetic Nerve in the neck.

3. Describe the structure and arrangement of parts composing the Internal Ear, especially in reference to the terminal distribution of the Auditory Nerve. What functions have been assigned to the Cochlea and semi-circular canals respectively?

ANSWERS.

ANSWERS OF CANDIDATE No. 1.

(This gentleman received the lowest number of marks (50) qualifying to pass, but was rejected on the Oral Examination.)

"2. The effect of dividing the sympathetic nerve in the neck would be to
"take away the life of the individual, or animal, owing to the close relation
"existing between the pneumogastric, and phrenic and sympathetic nerves
"in the neck.

"The Diaphragm and parts supplied by the Phrenic would be paralyzed (*sic*)
"and the Pneumogastric would be impaired (*sic*); consequently the
"Respiratory actions would no longer be able to be carried on and there
"would be an end of life."

"3. *Internal ear.* Situated in the Petrous portion of the temporal bone
"has 8 openings into it namely :—

"3 Semicircular canals dividing into 5.

"The Fenestra ovalis (*sic*).

"The Fenestra rotundum (*sic*).

"The Vestibule.

"The Cochlea is of a pyramidal shape taking $2\frac{1}{2}$ turns around a central body,
"known as the Modiolus, and divided internally into two portions by a
"division known as the Scala Media dividing it into 2 canals at the curve
"called Lamina Spiralis, Scala Tympani, and scala vestibuli, in which the
"auditory or acoustic portion of the 7th is largely concerned, being
"supported in equilibrio by a fluid substance known as Liq. Cortanii. The
"Cochlea and semi-circular canals are said to be the chief means of
"collecting the vibrations of the atmosphere and recognizing the peculiar
"sounds (*sic*) struck."

ANSWERS OF CANDIDATE No. 2.

*(This gentleman was rejected on the Written Examination,
receiving 45 marks.)*

"1. The mechanism of the arched diaphragm, which arises from the back
"of the ensiform cartilage from the ribs, by lig. are externa and interna,
"over the quadratus and psoas, and from the crura attached to the spinal
"column. These inserted into the central tendon. Inspiration also assisted
"by the intercostal muscles, also assisted by the serratus magnus, also

"slightly by the abdominal muscles. The body is able to sustain the pressure of an enormous weight of air, that is it is airtight, so to speak. When you make an opening into such a place as the cavity of the pleura, by a wound in thorax, then you have a collapse. Suppose you have a ball filled with air, and run a pin into it, so that some of the air gets out, you have collapse of your ball.

"2. If you irritate the sympathetic in the neck you have sweat poured out and the temp. rises (Huxley); you would also have the heart's action increased. If you cut the sympathetic sweat disappears and the temp. falls. I think it is the pneumogastric which suspends respiration.

"Dr. . . . irritated the sympathetic in the horse and found that side covered with sweat and the temp. increased; but, on cutting, the sweat disappeared, temp. fell, and the action of the heart was stopped or lessened."

ANSWERS OF CANDIDATE No. 3.

(This gentleman was rejected on the Written Examination, receiving 40 marks.)

"1. The diameters of the chest are enlarged by means of its elastic walls and by the descent of the action of the diaphragm, Levatores costorum action of Seratus (*sic*), posticus superior muscles and Seratus (*sic*), magnus muscle external and Int. Intercostal. The collapse of the lungs consequent on the introduction of air into the Plura (*sic*) is owing to the air pressing against the lungs and preventing it from expanding and also the pressure of the air in the interior would be greater than the exterior.

"2. If the sympathetic nerve was divided there would be paralysis (*sic*), or loss of control over the arteries, which vessels the sympathetic presides over; and, consequently, there would be congestion of the different parts and want of sympathy between different parts."

ANSWERS OF CANDIDATE No. 4.

(This gentleman was rejected on the Written Examination.)

"2. When this takes place Respiration ceases owing to the pneumogastric and phrenic not acting.

"The Internal ear composed of Cochlea, Semicircular canals and vestibule.

"The Cochlea forms the anterior part of the labyrinth of a conical form. Its apex is directed downwards, forwards, and outwards. Its base forms the bottom of the meatus auditorius internus.

"The semicircular canals are three bony tubes in the petrous bone behind the vestibule, with which they communicate by five openings; they are named the superior, inferior, and posterior."

ANSWERS OF CANDIDATE No. 5.

(This gentleman passed on the Written but was rejected on the Oral Examination.)

"1. By means of muscles which are under the influence of a nervous system. The muscles by which we draw in the air are as follows:—the external intercostals, the Pectoralis Major, the Pectoralis Minor, The Serratus Magnus. Because the residual air escapes when we expire, we do not drive all the air out of our lungs there is always some air left in and that is called 'residual air.'

"3. The internal ear is composed of three parts, viz. the Cochlear (*sic*), the Semicircular canals, and the Vestibule. 'The Cochlear' (*sic*) forms the anterior portion of the Labyrinth, and, with its base, forms the bottom of the Meatus Auditorius Internus.

"The Semicircular canals are three long tubes, formed out of the petrous portion of the temporal bone, one tube is superior, another is posterior, and the third is inferior or horizontal.

"The Vestibule forms the central portion, and is situated between the Fenestra Ovalis and the Meatus Auditorius Internus. It has seven foramina in connection with it, which are as follows: the Foramina (*sic*), ovalis Foramina (*sic*) rotunda, and the five orifices of the semicircular canals.

"The terminal fibres of the auditory nerve are supposed to go to various kinds of nerve cells, some of which have processes shooting out from them."

QUESTIONS AND ANSWERS IN CHEMISTRY.

Questions: — Three questions, of which two are to be answered, and not more.

1. Describe any process by which the relative proportions of Oxygen Hydrogen and Carbon in an organic substance may be determined.

2. How are the Salts of Bismuth distinguished ?

3. Mention in what state Water exists in slaked lime and what is the reason that heat is evolved in the slaking of lime.

(The gentleman who was No. 5 in the previous Examination was not examined in Chemistry, and the gentleman who is termed No. 6 in the Chemical Examination was not examined in Anatomy and Physiology.)

ANSWERS OF CANDIDATE No. 1.

(This gentleman passed on the Written Examination, receiving 50 marks.)

"2. The salts of bismuth can be readily recognized by giving with sulphuretted hydrogen a black precipitate in solution.

"3. Water exists in slaked lime as an hydrated oxide. Thus the formula of slaked lime is $\text{Ca H}_2 \text{O}_2$. The reason of the increase of heat is owing to the readiness in which it takes up the oxygen of the water."

ANSWERS OF CANDIDATE No. 2.

(This gentleman passed on the Written Examination, receiving 50 marks, but was rejected for Anatomy and Physiology.)

"1. The process consists of a series of bent tubes, some having caustic potash, some having pumice stone, and $\text{H}_2 \text{S}$, O_2 . Then by weighing these things before you commence and also the weight of some of the bulbs, and knowing the temp. of C, H, or O, and the quantity of each, you can determine the amount of C, H, or O in the compound; but I forgot to mention that you must dry the substances to be examined and also some of the other ingredients.

"2. The salts of bismuth are distinguished by giving with $\text{H}_2 \text{S}$ a black precipitate, but you must remember to have the solution slightly acid with H Cl. Then there is a test with K H O but the best test for bismuth is

"by adding water which throws down a white precip. The bismuth salts
 "are not very soluble in water, and, when given in solution, you can suspend
 "them in mucilage acacie.

"3. When water comes in contact with Ca O it combines with it, forming
 " $\text{Ca H}_2 \text{O}_2$, and gives off heat and white vapor."

ANSWERS OF CANDIDATE No. 3.

*(This gentleman was rejected on the Written Examination,
 receiving 30 marks.)*

"2. The salts of bismuth are distinguished by forming a milky precipitate
 "when water is added to them.

"3. Water exists in the combined state a hydrate of lime, and whenever
 "there is combustion heat is evolved."

ANSWERS OF CANDIDATE No 4.

*(This gentleman was rejected on the Written Examination
 receiving 35 marks.)*

"1. C. H & O, in an organic substance, may be determined (sic) either
 "synthetically or analytically.

"2. $\text{H}_2 \text{S}$ (Sulphuretted Hydrogen) gives black precipitate.

"3. Slaked lime $\text{Ca O} - \text{H}_2 \text{O}$ exists in the vapory state. The reason
 "why heat is evolved is on account of the hydrogen uniting with the
 "carbon; also the oxygen uniting with the carbon forming a very
 "poisonous substance CO ."

ANSWERS OF CANDIDATE No. 6.

*(This gentleman passed both Written and Oral Examinations, -
 receiving 50 marks.)*

"1. The relative proportions of oxygen, hydrogen and carbon, in an organic
 "substance, may be determined by a process of drying the gases by means of
 "a series of bent tubes, filled with caustic soda or caustic potash, passing the

"gases separately, which are dried and freed from watery and other matter, and are received in a small glass bulb and carefully weighed.

"2. By giving after having acidulated with HCl (hydrochloric acid) and having added H_2S (sulphuretted hydrogen) a black precipitate.

"With ammonia they give a white.

"They are also distinguished by their insolubility in H_2O .

• "With KHO (caustic potash) they also give a white precipitate."

The Medical Council have now put before them every point connected with this Examination, and will be able to judge, quite as well as we can, of the course pursued.

But as an opinion may be expected from us, we proceed to state the impression made upon us.

1.—We do not think that serious exception can be taken to the general course of the Examination, its scope, and the questions put. It appears a fair test if properly carried out, though certainly not a severe one. We have however, some doubts whether the plan of putting 3 or 4 questions and receiving answers to only 2 or 3 is a proper one. The severe questions are avoided, and the extent of the Examination is too much reduced.

2.—There appears to us to be a defect in carrying out the Scheme, viz. that the Oral Examiners do not appear to see the written papers. We doubt whether No. 6 Candidate would have so easily passed the Oral Examination in Chemistry if the Examiners had had the opportunity of reading his answers, and of seeing the manner in which he replied to the questions on Organic Analysis. We think it would be better for the same Examiners to conduct the whole of the Examination.

3.—In our opinion the Examiners very properly rejected all the 5 Candidates, and we hope these gentlemen were not a fair sample of those who ordinarily present themselves. The answers in Anatomy, though extremely poor, are the best, and it is plain that more attention had been paid to this subject than to Physiology and Chemistry. In these two subjects the replies

are simply lamentable, and show that two years' instruction in Chemistry and Physiology had not succeeded in giving to these Candidates even the rudiments of knowledge.

We cannot conceive that these gentlemen had been properly tested by Class Examinations, otherwise they would surely not have been allowed to undergo this Examination for the Conjoint Licence of the two Colleges.

4.—Considering the small number of Candidates, and the fact that all who went through the whole Examination were rejected, we beg to recommend that the Conjoint Examination shall be again visited by two other Visitors, to whom it might, perhaps, be proper to communicate this Report.

E. A. PARKES, M.D.

T. HOLMES.

REPORT ON THE SECOND OR PASS CONJOINT EXAMINATION
OF THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS
OF EDINBURGH.

Held on the 10th and 11th July, 1873.

Visitors.—E. A. PARKES, M.D., Member of the General Medical Council,
TIMOTHY HOLMES, F.R.C.S., Visitor appointed by the Council.

The Second or Pass Conjoint Examination instituted by the Royal Colleges of Physicians and Surgeons of Edinburgh lasts for two days. On the first day there is a written Examination in Medicine, Surgery, Surgical Anatomy, *Materia Medica*, Medical Jurisprudence, and Midwifery, which lasts for six hours, viz., from eleven to three, and from four to six. On the second day there is a Clinical Examination in Medicine and Surgery, and an Oral Examination on all the subjects.

On this occasion there were six Candidates.

We append the questions given at the written Examination. We requested permission to read the answers, which was readily granted, and the following table gives the marks assigned to each Candidate in this part of the Examination.

The maximum number of marks was 100, and 50 were required to be obtained.

No. 1 Candidate was rejected for Medicine and *Materia Medica*, and Nos. 2, 3, and 5, were rejected for *Materia Medica*, so that only two (Nos. 4 and 6) were allowed to go on to the Clinical and Oral Examinations.

WRITTEN EXAMINATION.

No. of Candidate	MARKS GAINED IN					
	Medicine	Surgery	Surgical Anatomy	Materia Medica	Medical Jurisprudence	Midwifery
No. 1	35	55	50	35	50	50
No. 2	55	50	55	30	55	50
No. 3	50	60	55	30	55	50
No. 4	75	55	60	50	55	50
No. 5	50	55	50	25	60	50
No. 6	60	60	55	50	55	50

In most instances in the other subjects the minimum number of marks was just gained.

It appears to us, from reading the answers, that the number of subjects given in one day was so great as not only to bear hardly on the Candidates, but possibly to influence also the decision of the Examiners; for it might well be considered that as a Candidate could not be expected in the time to treat the subject fully, it would only be fair to let him pass on to the Oral Examination. The minimum number of marks may then be assigned to him, in order simply to insure his being further tested.

As stated also in our Report on the First Examination we are inclined to question the propriety of the plan of putting one more question than is allowed to be answered. If there is any difference in the length or severity of the questions the most difficult is avoided, and no good results from putting it.

The Clinical Examination in Surgery and Medicine was held on the following day in the wards of the Royal Infirmary.

The Oral Examinations in Medicine, Surgery, Surgical Anatomy, Midwifery, Materia Medica, and Medical Jurisprudence, took place on the same day, after the Clinical Examination, and occupied one and a half hours for each Candidate, fifteen minutes being given to each of the six subjects. Two Examiners were always present, and in each subject a minimum of 50 marks had to be obtained.

We shall now lay before the Council our opinion on the value of the test afforded by the Examination in the different subjects.

In the Practice of Medicine, four questions were put in the Written Examination, but only three were to be answered. The Candidates evidently preferred questions Nos. 1, 2, and 4, to No. 3. Most of the answers were short and showed no very great knowledge, yet we are not prepared to say that the Examiners could have acted otherwise than they did, viz., passed five out of the six. The Clinical Examination was a very fair test. The Examiner selected a case, took the Candidate to the bed-side and saw him examine the patient. Subsequently a case of skin disease was given for diagnosis; and samples of urine and of urinary sediments were placed before him for examination. As far as a test goes this part of the Examination was very good, but it appeared to us that it would be impossible to carry it out if there were many Candidates, if any regard is to be paid to the time of the Examiner.

Also, one Candidate seemed to be rather confused at the presence of the Examiner, and the Examiner was unable to avoid making some suggestions when he saw the Candidate going wrong. We are led to think that the plan of allowing the Candidate to take notes by himself for a definite time, say half-an-hour, at the bed-side, and then giving him an hour to write, is a plan more economical of time and labour for the Examiner (since twenty or thirty Candidates can be simultaneously examining patients), and fairer for the Candidate, who is not made nervous by the constant presence

of the person who has to pass judgment upon him. Besides it gives a written record of what has passed.

The Oral Examination occupied fifteen minutes ; good practical questions were put, and this part seemed quite satisfactory.

In the Practice of Medicine the weakest point, then, was the written part, and we think this requires some attention in connection with the other subjects.

In Midwifery, and Medical Jurisprudence, there was a Written Examination with two questions in each subject, and an Oral Examination of 15 minutes for each subject. The questions were good, but the Written Examination was too hurried, and it was clear the answers would have been better with more time. We had again an instance of the want of some co-operation between the Examiners, for in the Oral Examination one Candidate was asked precisely the same questions he had already answered in his written paper.

The Examination in Materia Medica struck us as too brief ; there were only two questions, and to these the written answers were short and imperfect, and no less than four out of six Candidates failed to gain the minimum. We cannot but think this arose, in part, from the great number of subjects the Candidates had to treat on the same day. In the Oral Examination specimens of drugs were shown and required to be identified.

The written questions in Surgery and Surgical Anatomy are appended, and the Members of the Council will form their own opinion as to their adequacy. The short time which is allowed for the Written Examination in all six subjects, explains, no doubt, why the paper in Surgical Anatomy consists of only one question, and that not a very important one. The style of the answers did not appear to be very good, in fact, the low number of marks obtained by even the best of the Candidates is sufficient proof of this ; and the insufficiency of the Written Examination in Surgical Anatomy seemed to be admitted by the Examiner who had looked over the papers,* for he had,

* It must be remembered, as stated in our former Report, that the questions are prepared, not by the Examiner, who looks over the answers, but by a Committee at the beginning of each year.

in two instances, appended to his report of the number of marks adjudged (which he estimated at the minimum required in order to pass), a direction that the Candidate should be re-examined on the Anatomy of the Arteries of one of the chief regions of the body. This examination was not carried out, in consequence of each Candidate being rejected in one of the other subjects. The literary style of the answers was by no means good.

The Clinical Examination in Surgery affected only two out of the six Candidates who presented themselves, the other four having been rejected in *Materia Medica* or Medicine. The Examination was practical but brief. One Candidate had two cases, the other only one, submitted to him for examination and subsequent (verbal) description, and was then examined *vivâ voce* on the matters arising out of his answers. One answered very fairly, the other only indifferently, but not so much so as to call for his rejection, in the judgment of the Examiners. This Examination is conducted at the Royal Infirmary by one of the Surgeons, under whose care the patients actually are, assisted by an Assessor—one of the other Examiners of the College of Surgeons—who, however, not having had any previous charge of the cases, acts chiefly as a referee in case of any doubt arising in his colleague's mind as to the adequacy of the answers.

We may mention, as an illustration of the desirability of placing the kindred Examinations under the charge of the same persons, that both these Candidates were examined on the very same subjects in their Clinical and in the subsequent Oral Examination in Surgery.

The Oral Examination in Surgery and Surgical Anatomy supplements, to some extent, the written questions, but as the whole time allowed to both subjects is only thirty minutes, this end cannot be completely attained. We did not see that the written questions were before the Examiners, but they, no doubt, had or might have seen them. The Candidate was examined on museum specimens, as well as on book work, and was asked to illustrate a few things on a model. Bandaging, the application of splints, and other matters connected with minor Surgery, were not touched upon in the

Examination which we witnessed, but this could easily have been done, either at the Clinical, or at the Oral Examination, if time would permit.

The questions put in this Oral Examination were sufficiently various and numerous to give a good test of the Candidate's general knowledge.

To sum up our opinion of this Examination :—We were not entirely satisfied that it is as good a test as it ought to be, and we make the following suggestions for the consideration of the two Colleges.

1.—We think the Examiners in Medicine, Surgery, and Midwifery should, in each subject, conduct all parts of the Examination, so that the judgment of the same persons may decide on the knowledge shown in the Written, Oral, and Clinical sections. At present, Examiners on each section are fresh to the Candidate, and this seems hardly fair to either party. If the Examiner had read the answers before examining orally, and then clinically, he would surely be more qualified to judge of the Candidate's fitness for his diploma than three persons can be who each take only a part of the Examination.

If this suggestion cannot be carried out, we suggest that arrangements shall be made to prevent the same questions being repeated at successive steps of the Examination.

2.—We think the Written Examination would be much improved by being spread over two days. Six subjects in six hours is too hard a trial for a young man. It might then be possible to extend the range of the Examination a little, especially in Medicine, and Materia Medica.

3.—We would suggest that both the Anatomical and the Clinical parts of the Surgical Examination should be extended ; the application of bandages, splints, &c., might also be required.

In conclusion, we have to state that the Examination seemed to us conscientiously conducted. There was an unusual number of rejections, but this, we were informed, arose from the exceptional inferiority of the

Candidates, compared to those who usually present themselves. Looking, however, to their small number, we think it proper to repeat the advice given in our former Report: that the Conjoint Examination of the two Colleges shall be again visited by different visitors at some future time.

E. A. PARKES, M.D.

T. HOLMES.

QUESTIONS PUT AT THE WRITTEN PASS EXAMINATION.

SECOND EXAMINATION.

The Themes to be returned by the Candidate along with his Written Answers.

PRACTICE OF MEDICINE.

Four Questions, of which Three are to be answered, and not more.

1. What are the principal sequelæ which may follow Scarlet Fever?
2. What is the essential difference between Diabetes Mellitus and Diabetes Insipidus? Describe the tests known as Trommer's and Moore's for the detection of sugar in the urine.
3. What are the chief features of the Lithic Acid Diathesis? What is the treatment to be pursued in such cases?
4. Describe the course and symptoms of Asiatic Cholera.

SURGERY.

Four Questions, of which Three are to be answered, and not more.

1. Describe the different forms of Erysipelas—the causes, predisposing and exciting, of each variety—the treatment for each. Under what circumstances does Erysipelas become contagious?
2. Describe disease as affecting the upper Cervical Vertebrae, in its earlier and more advanced stages, as regards the condition of the patient, as

affecting his attitude and expression, movements of head and neck, and gait. When unchecked, what are its results? What are the common and occasional causes of death in such cases? What treatment would you adopt?

3. How is rupture of the Tendo Achillis generally caused? What are its symptoms and treatment?

4. Describe the different modes of amputating the leg below the knee, giving in each the incisions and parts cut. State also the reasons for giving a preference to one or other method in primary and secondary operations.

SURGICAL ANATOMY.

One Question, which must be answered.

Describe the Anatomy of the parts of the cheek implicated in the incisions of the Superior Maxilla; and indicate from anatomical facts the line of incision which, when practicable, should be preferred.

MATERIA MEDICA.

Three Questions, of which Two are to be answered, and not more.

1. Mention the chief Antacid remedies. What are the circumstances which specially call for their employment?

2. How is the Iodide of Potassium prepared? What are its chief impurities?

3. What is Elaterium? From what plant is it derived? What is its action? In what dose is it prescribed?

PRESCRIPTION

(To be written in full).

Prescribe Santonine for Lumbrici in the case of an adult.

MIDWIFERY.

Three Questions, of which Two are to be answered, and not more.

1. Describe the different forms of Preternatural Labour, and state in which of these active interference is required on the part of the practitioner.
2. How is Inversion of the Uterus occasioned? Describe its diagnosis and treatment.
3. What precautions are necessary to prevent laceration of the perinæum? In the event of its occurrence, what is the proper treatment?

MEDICAL JURISPRUDENCE.

Three Questions, of which Two are to be answered, and not more. „

1. Give the distinctions between Alcoholism and Delirium Tremens.
2. Into what classes may Poisons be divided? Give examples, at least two of each class.
3. Mention the poisonous compound of Baryta; and state the symptoms when a poisonous dose of Baryta has been swallowed, and give the treatment.

REPORT OF THE EXAMINATIONS FOR THE SINGLE QUALIFICATION OF THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

Held on the 16th July, 1873.

Visitors:—J. R. BENNETT, M.D., Member of the General Medical Council,
GEORGE BUSK, F.R.C.S., Visitor appointed by the Council.

The Examinations for this Qualification are—

1. The Primary—on Anatomy, Physiology, and Chemistry.
2. The Professional—on the Practice of Medicine, Midwifery, Materia Medica, Medical Jurisprudence, and the Writing of Prescriptions.

Each Examination is conducted partly by Written Papers and partly Orally, including a Clinical Examination at the Royal Infirmary. The Examination is in all cases conducted by one Examiner, in the presence of a second who acts as Assessor.

I.—THE PRIMARY EXAMINATION.

1. The Written part was held at the College of Physicians on the 16th July, four Candidates being present, with an Examiner presiding. The Paper, a copy of which is subjoined, contained four questions in Anatomy and three in Physiology. The Chemical questions were, we believe, answered on the 14th July, before our arrival in Edinburgh. The

maximum number of marks allotted to each subject is 100, and the minimum 50. The failure to obtain the latter number in each subject prevents the admission of the Candidate to the subsequent Oral Examination. The time allowed for the answering is four hours.

As regards this part of the Examination we have little to remark. The questions were appropriate and good, and the judgments given upon the answers which were submitted to us, appeared to be equitable and sufficiently stringent.

2. We were unable to be present at the Oral Examination, owing to its being held at about the same time as that at the College of Surgeons; but we had an opportunity of noticing that the Anatomical part of it was aided only by the bones, no subject nor dissected parts or preparations having been employed: but the Candidates had been examined on microscopical preparations.

II.—THE PROFESSIONAL EXAMINATION.

This was held on the 17th July, commencing at 11 a.m. with the Clinical Examination at the Royal Infirmary, followed by a Written Paper at 12 and the Oral at 4 p.m.

1. The Clinical Examination was divided into two parts, each superintended by an Examiner. By one the Candidate is examined on cases in the wards, being taken from one to another until the Examiner is satisfied. He was then introduced into a private room, furnished with the requisite apparatus and tests, and required to determine qualitatively the nature and ingredients of several specimens of morbid urine, under the immediate eye of the Examiner.

We cannot speak too highly of the mode in which both parts of this Examination were conducted, which, as it appeared to us, left nothing to be desired.

The Candidate must obtain 50 marks in each department.

2. The Written Examination comprised three Questions in the Practice of Medicine, and two in each of the following subjects:—Midwifery, Materia Medica, and the Writing of Prescriptions. A copy of the paper is subjoined.

The Questions appear to us to be well selected, and the Answers, which were submitted to us, had been judged with due justice and strictness.

3. The Oral Examination was conducted at two tables, at one of which sat the Examiners in Medicine and Materia Medica, and at the other those on Midwifery and Medical Jurisprudence,—aided by a collection of Pathological specimens and the usual adjuncts.

This Examination appeared to us to be ably and satisfactorily conducted.

It will be observed that the Examination for this Qualification, though the latter entitles the holder to be registered as a Medical Practitioner, makes no provision for ascertaining whether he possesses any Surgical knowledge. It is true that two of the Anatomical questions are strictly in Surgical Anatomy, but we were informed that no further Examination in Surgery was attempted.

We would also call attention to the circumstance that at the Oral Anatomical Examination no use appears to be made of dissected preparations or parts, which is undoubtedly a great and serious deficiency.

In all other respects the Examinations for the Single Qualification of the College of Physicians of Edinburgh, appeared to us satisfactory.

J. R. BENNETT, M.D.
GEORGE BUSK.

WRITTEN EXAMINATION IN ANATOMY.

QUESTIONS.

1. State the origin, course, and relations of the right and left Subclavian Arteries, naming the branches sent off and their distribution.
2. Describe the structure of the Pancreas, and give its relative anatomy.
3. Give the origin, course, relations, and distribution of the Phrenic Nerve.
4. Where is the Popliteal Space situated? What are its boundaries? Describe its contents and their relative position.

ANSWERS OF CANDIDATE NO. 1.

1. The Left Subclavian arises from the Arch of the Aorta, the right from the innominate. The courses are the same on both sides,—save in the first part.

On the *left* side in *front* are the Sterno-Mastoid, Sterno-Hyoid, and Sterno-Thyroid Muscles, Pneumogastric, Phrenic and Cardiac Nerves, Left Carotid Artery, Left innominate vein.

Behind, Oesophagus, Longus Colli Muscle. Sympathetic Nerve. Transverse process of Seventh Cervical Vertebra. Recurrent Laryngeal Nerve.

Second Part, begins at inner border of Scalenus Anticus Muscle and extends to its outer border.

In front of it we have the Scalenus Anticus with the phrenic nerve, lying upon it, (but the nerve appears to form one of the relations of the first part below, as it winds to the inner side of the muscle), and Subclavian Vein.

Above, is the Brachial Plexus.

Below, the pleura of Lung.

Behind, the Scalenus Medius muscle.

Third Part Extending from outer border of Scalenus Anticus to upper border of first rib, below which it becomes Axillary Artery.

In front are skin, superficial and deep fascia and platysma. The clavicle, subclavius muscle, Anterior Jugular Vein, Superficial branches of Cervical Plexus.

Behind. Scalenus Medius and Scalenus posticus.

Above. The Omo-Hyoid Muscle, and Brachial Plexus.

Below. The first rib,

First part on right side arises from Innominate Artery.

In front are Sterno-Mastoid, Sterno-Hyoid, Sterno-Thyroid muscles. Pneumogastric, Phrenic, Cardiac Nerves. Jugular and Vertebral Veins.

Behind. Longus Colli, Rectus Capitis Ant. Major, Sympathetic nerve (Ganglion). Cervical Vertebrae.

Branches.—*From Two parts*, 1st and 2nd are Superior Intercostal. Vertebral Intl. mammary. Thyroid Axis formed by Trans. Colli. Transversalis Humeri, Inf. Thyroid, Supl. Cervical.

Vertebral, runs upwards on Longus Colli Muscle passing thro' foramen of 6th Cervical Vertebrae, on up to the Atlas, enters base of skull, (*before* which, it lies in the triangular space formed by the Sup. and Inferior Oblique Muscles, and the Rectus posticus Major and Minor) and the two unite, to form the basilar Artery of the brain. Its *vein* opens into the Subclavian vein.

Int. Mammary, runs down in the rectus abdominis and unites with the Deep Epigastric, forming important Anastomosis in ligature of the part, being one of chief by which circulation is carried on.

Thyroid Axis,—Gives off *Transversalis Colli*, which runs on Sterno Mastoid and divides into posterior scapular and transverse cervical, the former going to supply scapula.

Transversalis Humeri, sometimes called Supra-Scapular, in whole of its course, runs outwards from the axis, above the subclavian and passes to upper part of scapula, running over transverse-ligament; or sometimes passing, with its nerve below the ligament, through the supra-scapula foramen or notch.

Inferior Thyroid, forms Anastomosis with branch from the Superior, and supplies lower part of Larynx and branch to Thyroid body.

2. The Pancreas is a lobulated gland, resembling in structure the salivary. Is composed of lobules, surrounded by areolar tissue, each lobule forming a miniature gland, complete in itself. It consists of a head, body, and tail. The head is situated in the curve of the duodenum, the body in relation with the transverse colon, and the tail in contact with the spleen. The juice resembles in composition that of saliva, but there is no sulpho-cyanide of potassium.

4. The popliteal space is situated behind the Knee, extending about two inches above and two inches below the joint. Is compared in shape to a lozenge. It resembles a diamond however thus \diamond . Its boundaries are as follows;—Outside is the Biceps muscle. On the inner side are the Semimembranosus, as also the Tendinosus, Gracilis and Sartorius. The tendon of Sartorius overlaps the two former, the tendon of the

tendinosus is however the lowest at its insertion into the tuberosity and front of the tibia. The *floor* is formed by post. lig^t of knee-joint, lower part of femur, and upper of tibia and popliteus muscle. In the space are the popliteal vessels, the popliteal nerves, ending of short saphenous nerve, and lymphatics and fat. The Artery lies the deepest in the space, its vein being superficial and on its outer side; the popliteal nerve also lies superficial, and to the outer side. It is the continuation of the Great Sciatic, and at the lower border of the popliteus muscle, divides into Internal and External popliteal. The Ext. Saphenous nerve comes off from the Internal popliteal nerve. No lymphatics are found below this part of the limb.

3. The Phrenic nerve comes off from the 4th and 5th cervical nerves, sometimes the 3rd; runs on the Anterior Scalenus Muscle and is chiefly distributed to the Diaphragm.

ANSWERS OF CANDIDATE No 2.

1. Right Subclavian, arises from the Arteria Innominata opposite the Sterno Clavicular articulation and ascends obliquely to the anterior border of the Scalenus Anticus. It is in relation in this the first part of its course: IN FRONT—Integument superficial fascia and deep, Platysma and origin of Sterno Mastoid, Sterno Hyoid and Sterno Thyroid Muscles, Internal Jugular and Vertebrate Veins, Pneumogastric Phrenic and Cardiac Nerves. BEHIND—Recurrent Laryngeal Nerve, Sympathetic and Longus Colli Muscle, and transverse process of the seventh Cervical Vertebra.

The second part is behind the Scalenus Anticus and is in relation in front with the Platysma, Cervical fascia, Phrenic Nerves, Subclavian Veins and Scalenus Anticus; above with the Brachial Plexus; below with the Pleura, and behind with the Scalenus Medius.

The third part extends from the outer border of the Scalenus Anticus to the lower border of the first rib and is in relation in front with the Platysma, Cervical fascia, External jugular, Supra Scapular, and transverse Cervical Veins and descending branches of the Cervical Plexus, Clavicle and Subclavian Muscle. Behind is the Scalenus Medius and below is the Pleura.

The Left Subclavian arises from near the end of the Arch of the

Aorta, opposite the second dorsal Vertebra, and ascends almost vertically to the anterior border of the *Scalenus Anticus*. It is in relation in front with the *Pleura* and lung, left internal jugular and *Innominate veins*, *Left Carotid Artery*, *Sterno Hyoid*, *Sterno Thyroid*, *Sterno Mastoid muscles*, *Platysma*, fascia and integument. I forgot to mention the *Pneumogastric*, *Phrenic* and *Cardiac Nerves*, which also pass in front.

Internally is the *Æsophagus*, *Trachea* and *Thorax Duct*. Externally is the *Pleura*. Behind is the *Æsophagus*, *Longus Colli*, *Sympathetic* and *Cervical Vertebra*. The second and third part are in the same relation as on the right side. The branches are *Internal Mammary*, *Vertebral*, *Superior Intercostal*, and the *Thyroid Axis*—from which arises *Inferior Thyroid Transversalis Colli* and *Supra Scapular Arteries*. *Internal Mammary*;—supplies the *Mammary gland* and descends along the *Rectus* and anastomoses with the *Epigastric*. The *Vertebral* has the anterior and posterior *Cervical* and the posterior *Meningeal*. It ends in the *Basilar Artery*. The *Supra-scapular* supplies the supra and infra-scapular muscle &c., and anastomosis with the *Posterior Scapular*. The *Inferior Thyroid* is distributed to the thyroid muscles and gland.

2. The *Pancreas* is a conglomerate gland, and situated in the *epigastric* and left *Hypochondric* regions. It extends from the *Duodenum* to the *Spleen*, and is in relation above with the lower border of the *Stomach*, and behind with the *Aorta*, below with the *transverse Colon* with the *Superior Mesenteric Artery* between. It is composed of lobes which again are divided into lobules, formed of *Vesicles* lined by *Epithelium*, the vesicles opening into *Ducts* which are also lined with *Epithelium*. The ducts all run into one large duct, which traverses the *Pancreas* through its whole length and opens into the *Duodenum*.

(4th.) The *Popliteal space* is situated behind the knee joint, extending for about three inches up the femur, and below as far as the lower border of the *Popliteus Muscle*.

It is bounded in front with the femur, *Ligamentum Posticum Muscles*, and *Popliteus fascia*. Externally by the outer head of the *Gastrocnemius* and *Biceps*. Internally by the inner head of the *Gastrocnemius*, *Semitendinosus*, *Semi-membranosus*, and *Gracilis*, and behind it is covered by the *Gastrocnemius* and *Solæus*. It contains the *Popliteal Artery* and *Vein*, *Internal Popliteal nerve*, lymphatic and glands. The nerve lies more superficial than the artery.

ANSWERS OF CANDIDATE No. 3.

The Right Subclavian arises opposite the right sterno clavicular articulation by the bifurcation of the Innominate Artery, into right common carotid and right subclavian; it passes upwards, and outwards to the anterior border of the scalenus anticus, lying between it and the scalenus medius; it then passes outwards, rising a little above the clavicle, and then curves downwards, passing behind clavicle and lying upon the groove on the first rib, at the lower border of which it ends in the axillary artery. It has in front—skin, superficial fascia, platysma, deep fascia, the descending branches (sternal and clavicular) of the superficial cervical plexus; the nerve to the subclavius muscle; behind—the clavicle the subclavian vein is separated from the artery by the scalenus anticus muscle; upon the inner border of the latter muscle lies the phrenic nerve; crossing it are the external jugular vein with its transverse humeral branches and the transversalis humeri artery; above it are the large cords of the brachial plexus lying to its outer side in the third part of its course; below is the pleura; behind are the scalenus medius and longus colli muscles; the inferior cervical ganglion of the sympathetic, vertebral column: the cardiac branches of sympathetic pass in front of the artery.

Its branches, from the first part of its course, (viz.; from origin to anterior border of scalenus anticus muscle), are the vertebral, which passes through the transverse processes of the upper six cervical vertebræ and enters the foramen magnum, lying upon arch of the atlas before going through; it gives off branches to the spinal cord in its way up; it gives off one anterior spinal or rather two branches join to form it; it gives off two posterior spinal arteries—they run down along the spinal cord; it gives off posterior inferior cerebellar arteries, and the two vertebrales unite to form the basillar artery, which is distributed to different parts of the cerebrum and cerebellum, giving a branch to the ear, and transverse arteries to the pons Varolii.

The Internal Mammary also from first part gives branches to mammary glands; the comes nervi phrenici; pericardial branches; branches to thymus gland; ends by anastomosing with epigastric artery from external iliac and superficial epigastric from the common femoral.

It gives off the thyroid axis which divides into inferior thyroid; transversalis colli and transversalis humeri arteries.

The Inferior thyroid gives off laryngeal branches; tracheal branches; glandular branches (to the thyroid body); anastomoses with artery of the opposite side and with superior thyroid (coming from external carotid).

The transversalis colli passes across the neck and divides into superficial

cervical, which is distributed to the muscles at the back of the neck, and into posterior scapular, which passes along the posterior border of the scapula between the Rhomboid muscles and the serratus magnus, and anastomoses with the other scapular arteries supplying neighbouring parts.

The Transversalis humeri, or subscapular, passes over the transverse ligament of the scapula, anastomoses with other scapular arteries supplying supra and infra-spinati muscles, and giving articular branches to the shoulder-joint. (The transversalis colli sometimes comes off from the third part of the course of the subclavian artery).

The superior intercostal is given off from the 2nd part of its course, (*viz.*: between the scalenus anticus and scalenus medius muscles); it goes to the two first intercostal spaces.

The Subclavian of the left differs from the right only in arising from the end of transverse part of the arch of the aorta, opposite the 2nd dorsal vertebra; it is therefore longer, more vertical and deeper in the first part of its course, and it is in relation with the thoracic duct, œsophagus left common carotid, phrenic and cardiac nerves, also pneumogastric nerve to its inner side, and also the trachea, pleura below. I think its other relations are very much the same as those given for the Right.

(2.) The Pancreas is a compound racemose gland—that is a great number of lobes made up of lobules arranged like bunches of grapes on a stalk, the ducts from the lobules joining to form a common duct, which passes along the centre of the organ to open along with the bile duct into the descending portion of the duodenum.

It lies across the spine in the abdominal cavity. It is divided into head, body, and tail. The tail reaches into the left hypochondriac region, and is in relation with the hilum of the spleen; the body and head are situated in the umbilical region lying behind the stomach and covered anteriorly by peritonium; it has the splenic vessels passing along its upper border and the superior mesenteric emerging from behind it; at its lower border, the portal vein passes behind it, and the abdominal aorta and vena cava ascendens are also behind it. Its head is in relation with the duodenum.

(4.) The popliteal space is situated behind the knee-joint; it is lozenge-shaped and is bounded above and externally by the Biceps muscle, above and internally by the semi-tendinosus, semi-membranosus and gracilis; below it is bounded by the outer and inner heads of the gastrocnemius and also the plantaris on the outer side; its floor is formed from above downwards by the back of the femur between the divisions of the linea aspera, the posterior ligament of the knee-joint and the popliteus muscle.

It is covered by skin and superficial fascia and fascia lata. Its contents are the popliteal artery and its branches; the popliteal vein and the external and internal popliteal nerves also a branch from the obturator nerve.

They lie from the skin inwards in the relation of 1st nerves 2nd vein 3rd artery; the artery also lies nearest the mesial line of the body next vein, then nerve.

WRITTEN EXAMINATION IN PHYSIOLOGY.

QUESTIONS.

1. What changes do the Pancreatic juice, Intestinal juice, and Bile, singly or combined, produce upon the different proximate principles of the food?

2. Animal Heat—what is it? State the average bodily temperature of man, and explain how it is produced. What extremes of temperature can be endured by man, and how is the body enabled to withstand extreme heat or cold?

3. To what parts is the Pneumogastric nerve distributed? What functions does it perform in relation to Respiration, the movement of the Heart, and the secretion of the Liver?

ANSWERS OF CANDIDATE No. 1.

1. *The Pancreatic juice* is the chief agent in emulsifying the fat, though assisted to some extent by the Bile.

The Bile, in addition to the above, secondary use, is the natural purgative of the body, by causing the increased action of the glands of the intestine. Also acts as an antiseptic.

It is composed of water, salts, Bilinc, and its colouring matters are Cholesterine and Taurine. Specific gravity is to 24.

Intestinal Juice, acts upon the minerals and salts of the food and moistens the surfaces. The fat is absorbed by the lacteals, situated in the small intestines.

After the Pancreatic juice and Bile have mixed with the mass of food,

(the nitrogenous parts of which with fibrine and albumen have been acted on by the stomach, and converted first into parapeptone and then into peptone, and is taken up by the veins), it is called chyle, though, strictly speaking, chyle is only confined to the contents of the lacteals, which they contain during the process of digestion.

2. *Animal heat.*—Average temperature 98° 100° , but much influenced in disease, being either greatly diminished or largely increased in many forms.

The "calorific food" is chiefly employed to this end, and is a chemical action produced by the oxygen and carbon in the body. In man, the various temperatures of the body to which he is exposed are to a large extent counteracted by the use of clothing, but to a large extent also by the various kinds of food. Thus in the northern regions the inhabitants consume large quantities of fat, which act as retainers of the heat and also giving carbon to assist in formation of heat by combustion. Immense degrees of heat have been borne by those who have made experiments on this subject, being enabled to bear temperatures of 200° and upwards in heated ovens without the least inconvenience, when no moisture was present. According to the various degrees that animals can bear heat they have been divided into warm-blooded and cold-blooded. Warm-blooded animals are those which maintain a *permanent* degree of heat in various temperatures or climates, but are unable to bear those extremes which can with impunity be borne by cold-blooded animals.

3. The Pneumogastric nerve, is distributed the heart, lungs, liver. It is supposed to exercise some inhibitory action upon the heart, for on section the heart acquires greater strength and rapidity in its action.

In respiration, it is the nerve which conveys to the brain the indication of "necessity of breathing."

ANSWERS OF CANDIDATE No. 2.

The Pancreatic Juice converts the starchy matters into sugar, and better adapts the fatty matter for assimilation. The intestinal juice assists in digesting particles of food which have escaped the stomach. The Bile is one of those secretions which is mostly excreted from the body in some form or other. Its action upon the food is antiseptic, and it also assists in forming fat; it is the natural laxative and in that way aids in the discharge of fecal matter. All the three secretions assist in the digestion of the food, and further fits it for assimilation.

2. Animal Heat is the temperature which is kept up in our bodies, by the combustion of O with C which is constantly taking place. The average bodily temperature of man is from 99 to 100° F. It is produced by the union of O with C and forms CO₂, and also with H and forms water; these chemical changes evolve as much heat in the body as they do out of it. These chemical combinations are constantly going on, and keep the body at a uniform heat. The extremes of temperature which man can endure are very great, from below 32° to above 200°. The body can withstand these extreme temperatures by habit, and, of course, by the amount of fat, starch, and other ingredients which man uses for diet.

ANSWERS OF CANDIDATE No. 3.

1. The Pancreatic juice acts upon the starchy elements of the food which have been unacted upon by the saliva, and completes their conversion into dextrine and glucose; it also acts upon the fatty matters by forming an emulsion with them and thus rendering them capable of absorption by the lacteals. It also acts upon the albuminous (Dr. Gamgee) bodies which have not been reduced to peptones by the gastric juice, dissolving them and making them capable of absorption.

The Intestinal juice acts also upon the albuminous matters, and it moistens the walls of the intestinal canal as the fluids are continually being absorbed.

The Bile acts upon the fatty matters helping to emulsify them; it also moistens the walls of the intestines and renders absorption more easy, (it has been proved that a membrane moistened with bile has this effect); it acts as a gentle laxative and as a precipitant separating the recrementitious from the excrementitious; it has decided antiseptic properties.

3. The Pneumogastric, by its pharyngeal branches, is distributed to the pharynx entering into the plexus (pharyngeal) and supplying the constrictor muscles of the pharynx, and also the upper part of the mucous membrane of the same; by its superior laryngeal nerve it supplies the larynx forming its sensory nerve. The superior laryngeal nerve gives off a branch (external laryngeal) before it pierces the thyro-hyoid membrane, which goes to the crico-thyroid muscle (one of the intrinsic muscles of the larynx). It gives cardiac branches to the cardiac plexuses; the lowest on the left side going to the superficial, the others to the deep cardiac plexus. It gives off the recurrent laryngeal nerve which is distributed to the larynx forming its motor nerve (it also supplies the mucous membrane of the trachea and lower part of the pharynx also): it gives branches to the pulmonary

plexuses to the œsophagus that on the left side lying on the front; the right behind the œsophagus, they pass through the œsophageal opening in the diaphragm; the left being distributed on the anterior surface and along the lesser curvature joining the hepatic plexus: that of the right side along the posterior surface entering the coelic and splenic plexuses.

The pneumogastric is the sensory nerve of the lungs. When cut respiration is slowest, and, when its peripheral end is irritated, the diaphragm is thrown into spasmodic contraction.

Its action on the heart is inhibitory. When cut the heart beats more rapidly and tumultuously, and, if the peripheral part be irritated, the heart is stopped in diastole.

When cut, and its peripheral end irritated, the effect observed upon the liver is that its circulation is accelerated and its secretion increased, especially glycogen and sugar is found in the urine.

* WRITTEN EXAMINATION IN CHEMISTRY.

QUESTIONS.

1. What is the composition of Water by volume and by weight? Describe experiments by which its volumetric composition may be proved by analysis and by synthesis.

2. Describe the preparation and characters of Chlorine, and explain its action as a bleaching agent.

3. How would you distinguish Mercurous from Mercuric, and Ferrous from Ferric Salts?

ANSWERS OF CANDIDATE No. 1.

2. Is prepared from common salt (chloride of sodium), sulphuric (H_2SO_4) acid, and manganese dioxide (MnO_2).

It may be made by putting into a flask one part of common salt, one of manganese, and two of sulphuric acid. When heated, chlorine is given off ($Cl\ 35.5$), sulphate of manganese and sulphate of soda being formed.

Is a *colourless* gas, with a strong irritating smell, resembling that of sea-weed in small quantities. Can be condensed to a yellowish liquid, but has not been condensed to a solid. It possesses strong bleaching properties on vegetable matters; this being due to its power of setting free oxygen (O_{16}). If a coloured ribbon be placed in a bottle and filled with chlorine

Mercuric Salts give with $H_2S + HCl$ a white precipitate changing to yellow, orange, brown, and lastly black; with NH_4HO a white precipitate insoluble in excess; with KHO a yellow precipitate; with $SnCl_2$ Mercury is precipitated as a grey powder after a little while; with KI a scarlet red precipitate.

Ferrous Salts give with NH_4HS a black precipitate soluble in $HCl + Ag$; with NH_4HO a black precipitate insoluble in excess; with K_4FeCy_6 a light blue precipitate; with K_3FeCy_6 a dark Prussian blue.

The ferric salts differ from the ferrous in giving with NH_4HO a brown precipitate, and with K_4FeCy_6 a dark Prussian blue colour; with K_3FeCy_6 a brown precipitate.

The ferric salts give a blood red colour with Sulpho-cyanide of Potassium.

ANSWERS OF CANDIDATE No. 5.

Answer to Question 2nd.—Chlorine is prepared by the action of Sulphuric Acid H_2SO_4 upon Manganese Dioxide MnO_2 and Chloride of Sodium $NaCl$ thus $= 2NaCl + MnO_2 + 2H_2SO_4 = 2Cl + Na_2SO_4 + 2H_2O + MnSO_4$.

It is a greenish coloured gas, very soluble in water; inhaled in moderation it has a slightly irritating smell, but, in immoderate doses, it acts powerfully upon the mucous membrane of the lungs, producing suffocation.

Its bleaching properties arise from its great affinity for Hydrogen, with which it combines, and the liberation of Oxygen. The Oxygen, when liberated, is found to possess more active principles than at other times, and is able to unite with the material of the cloth, forming compounds destitute of colour.

Answer to Question 3rd.—Mercurous compounds form a black precipitate with Sulphuretted Hydrogen and *Hydrochloric Acid*, insoluble in Dilute Nitric Acid, $HNO_3 + Ag$. The Mercuric Compounds form with Sulphuretted Hydrogen H_2S and Hydrochloric Acid HCl a white precipitate passing to yellow, orange, and lastly to black.

Liq. Ammonia NH_4HO throws down a black precipitate with Mercurous Salts. Liq. Ammonia NH_4HO throws down a white precipitate with the Mercuric Salts. Caustic potash KHO gives a black precipitate with Mercurous Salts:—Caustic potash KHO gives a yellow precipitate with the Mercuric Salts. Stannous Chloride $SnCl_2$ gives a grey precipitate with both Salts. Bright Copper wire introduced into solutions of both Salts leave Silver staining.

Iodide of Potassium give with Mercuric Salts a scarlet precipitate soluble in excess of either solution.

The Ferrous Salts give with Liq. Ammoniae $\text{NH}_4 \text{HO}$ a green precipitate.

The Ferric Salts give with Liq. Ammoniae $\text{NH}_4 \text{HO}$ a brown precipitate.

The Ferrous Salts give with Caustic Potash KHO a green precipitate.

The Ferric Salts give with Caustic Potash KHO a brown precipitate.

The Ferrous Salts give with Ferro-cyanide of Potassium $\text{K}_4 \text{Fe Cy}_6$ a light blue precipitate.

The Ferric Salts give with Ferro-cyanide of Potassium $\text{K}_4 \text{Fe Cy}_6$ dark Prussian blue.

The Ferrous Salts give with Ferrid-cyanide of Potassium $\text{K}_3 \text{Fe Cy}_6$ a dark Prussian blue.

The Ferric Salts give with Ferrid-cyanide of Potassium $\text{K}_3 \text{Fe Cy}_6$ a brown precipitate.

The Ferric Salts give with KCys Sulpho-cyanide of Potassium a blood red solution.

WRITTEN EXAMINATION IN PRACTICE OF MEDICINE.

QUESTIONS.

1. Mention the symptoms and signs of Fatty Degeneration of the Heart. Describe the treatment.

2. What is meant by Intus-susception? What are its symptoms? How may it terminate? Describe the treatment.

3. What are the points of difference in the eruption of Measles and Scarlet Fever, in regard to period of occurrence, mode of distribution, colour?

ANSWERS OF CANDIDATE No. 4.

1. In fatty degeneration of the heart we have a small weak and often slow pulse; the heart's sounds are feeble, and if there is much fat, often scarcely audible. We have shortness of breath, feelings of faintness on the least exertion; giddiness and headache. The patient has a sallow, greasy, and unhealthy look. There often follows fatty degeneration of the liver, kidneys, and other organs.

After death the muscular fibres are found to have lost their natural striæ and sharp edges, and to be composed wholly, (*sic*) or partially, of fat cells.

Treatment.—Support the patient's strength with nourishing diet; avoid fat meat and give, *Fr. Ferri Perchlor* in $\frac{3}{4} \times \times$ doses three times a day.

2. *Intus-susception* is that condition where a portion of the intestine becomes strangled or enclosed in the portion above it, like the finger of glove being drawn half of the finger.

The symptoms are Constipation of the bowels leading to total obstruction ; great pain corresponding to the part affected. Vomiting at first of the contents of the Stomach, and afterwards of fecal matter. There is fever with its usual symptoms such as, thirst, dry tongue, increase of temperature, &c. If the patient does not get relief the inflammation spreads, and we get tympanitis.

Then the peritoneum suffers, and we may have general peritonitis. The patient remains sensible and suffers agonizing pain.

Treatment—Clysters of soap and warm water with Castor oil. Opium should be given internally every two or three hours to relieve pain.

3. In Measles we have an eruption of large crescentic blotches, which first appear on the face and gradually spread over the trunk and extremities. They appear about the fifth day of the fever and spread rapidly.

In Scarlet Fever, the rash has a scarlet appearance which consists of minute pimples coming out about the third or fourth day, first on the neck and chest, face, and arms, then spreading to the trunk and lower extremities. It disappears in the form of desquamation at the parts where it first commenced, often coming away in flakes.

ANSWERS OF CANDIDATE No. 5.

Answer 1st. Dyspnea upon slight exertion. Feeble pulse. The patient generally advanced in years and has other indications of fatty degeneration especially Arcus Senilis. He generally complains of cold extremities showing that the heart's action is not sufficient to propel the blood through the circulation ; on the slightest exertion he is fatigued also troubled with palpitation. The heart's action when a stethoscope is applied over the chest is found very slow, and there seems a general want of power from deficiency of muscular tissue.

I should treat the patient on general principles—order rest, good food, not any exertion of any kind ; give Iron in some form or another, keep the bowels regular. Warm clothing and brace up the system with some tonics bark &c.

Answer to Question 2nd.

Intussusception is where we get one portion of the bowel invaginating itself within the other.

Symptoms. Pain over the bowels, especially where the Constricted portion is Obstinate Costiveness. After a time we get pyrexia, obstinate vomiting of food. Urine scanty. Pulse high. Great suffering with more or less swelling of the abdomen.

Nothing passes the Constricted portion of the bowels—everything taken comes back, even water fails to stop on the stomach. The bowels still costive nothing passed at stool only some thin watery motion. The abdomen becomes more tympanitic, pain increases, urine passed seldom, (sometimes not more than a tea spoonful or two at a time), and if the disease is about to terminate fatally we have suppression. The patient is now hourly getting worse—pulse feebler, dry tongue, incessant vomiting of matter fecal in its character, hiccough, excruciating pain in abdomen and death generally from perforation.

If the case terminates favourably, these symptoms gradually abate, pain lessens, the bowels act naturally, parting with great quantities of fecal matter, vomiting ceases, food can now be retained, the pulse improves, the urine becomes more copious, and the patient gradually progresses towards convalescence. We generally find the constricted bowel has returned to its former position.

Treatment. If I saw the patient early I should order perhaps a dose of Castor Oil and if that did not act, I should stop my hand with purgatives. I would then try an enema to clear out the lower portion of the bowels from any hardened feces, and to see if the bowels would act then. I should give opium to relieve the pain, hot poultices to the abdomen. Give some effervescent draughts to relieve vomiting, containing a little Hydrocyanic Acid. Let the patient suck ice, and get what beef tea, brandy, or other food that I could get him to take. In recovery from this I should order him to keep a good watch over his bowels, take care what he took to eat and give him tonics. Let him have change of air.

Answer to Question 3rd.

The eruption of Scarlet Fever is very scarlet, running together making the patient appear like a scarlet cloak, and they spread over the whole surface of the body. The Eruption of Measles come out in patches, (red), more or less crescentic in their form and appear above the skin. Scarlet fever rash appears on the 2nd or 3rd day, while the eruption of Measles comes out on the 4th day. Scarlet fever eruption begins on the neck chest and abdomen. Measles begin on the face first and extend to the body and extremities.

ANSWERS OF CANDIDATE NO. 6.

1st. Fatty degeneration of the heart gives rise to symptoms which are characterised by general debility, Dispnea, Edcema, weak pulse and generally congestion of the pulmonary structures. There may be frequent faintness, sighing and general lassitude;—the sighs may be those of *dilatation* (due to degeneration and consequent weakening of the walls of the heart). Frequently associated with this disease are "*Arcus Senilis*" and fatty degeneration of the coats of the arteries. When the stethoscope is applied to the chest the sounds of the heart are heard to be much feebler than normal. There may be fatty degeneration of other organs also associated with it.

When the heart is much degenerated there is engorgement of the Venous system and consequently Anasarca.

Treatment—This must refer to the prevention of the cause, IF POSSIBLE, by trying to improve "impaired nutrition." This is to be attempted by regulating the bowels and digestive organs and giving nutritious but digestible food, giving strict injunctions to avoid all mental excitement and violent Exercise. Medicines will consist of laxatives and Tonics. We may give great relief also by treating symptoms such as Anasarca and ascitis by squills Spt. Ether Nit., Digitalis, Scoparius and other diuretics; shortness of breath by inhalations of Ether, Chloroform, and Conium, *carefully* administered, as well as by giving Ether and Expectorants (when any bronchitis is present) inwardly.

Hygienic treatment is also of great importance.

2nd. By Intus-susception is meant a part of the bowel becoming invaginated, or drawn up into the part above, like the finger of a glove being drawn say half way within itself. It usually occurs at the Cæcal pouch by the the illeum being drawn or pushed into the former. *Symptoms*, persistent constipation, tympanitis, severe pain, and, after a time, nausea; vomiting of stercoraceous matter, increasing debility, clammy sweats, collapse, and death.

Termination. May terminate in resolution, or rather the bowel may become righted and the obstruction to the passage of fœcal matter removed, and end in convalescence; but more frequently ends in gangrene of the invaginated part, and rupture, or in continued obstruction, thus by either way terminating in death.

Treatment. The treatment is very empirical. Injections (Tobacco, Turpentine, Castor oil, Warm Water in large quantities &c.) have frequently been used without avail, though they ought of course in every case to be tried, since we cannot supercede them by any better treatment.

When the case has been distinctly made out as one of intus-susception strong purgatives ought to be avoided—fomentations and poultices may be of service.

When all those means have failed the only chance that remains for the patient is the operation of Colotomy.

3. The points of difference in the Eruption between Scarlet Fever and Measles in regard to *period of occurrence* are that, in first Eruption appears on the *second* day of fever, in the latter the Eruption does not appear before the 4th day of fever. In *mode of distribution* Scarlet F. rash appears first on the neck, from there extends to the face, chest, abdomen, upper and lower Extremities. Measles rash first appears on the temples near the ears, extends to the face, and from there to the neck, chest, and abdomen, lower *extremities*.

Colour. Scarlet fever, of an intense scarlet colour (as the name implies) characterised by a diffused redness, having a punctiform appearance.

Measles rash, of a dark crimson colour and characterized by slightly elevated papules arranged in a crescentic form, with the skin of a natural colour between the groups.

ANSWERS OF CANDIDATE No. 7.

1. In Fatty degeneration of the Heart the Patient complains of palpitation and dyspnoea on exertion. There is dropsy of the lower extremities, and we may often find signs of fatty degeneration in other organs. The Heart sounds are feeble, and the pulse is abnormally slow and small.

Our indications of treatment are to prevent the patient from taking any active and sudden exercise, to see that the food is nutritious and properly assimilated, and to improve the condition of the Blood. We may give Iron in the form of the Tincture of the Perchloride, or we might give Ferri et Quinæ Citras, for the tonic properties of Quinine. The former in doses of m xv thrice daily. The latter gr v three times a day.

2. By Intus-susception we understand a lesion of the intestine, in which one part has slipped inside another, or has become invaginated. The symptoms are—Constipation. May be vomiting and sometimes the secretion of urine is affected and we have Suppression of Urine. Pain or a feeling of uneasiness in right iliac region. The Constipation becomes obstinate; not yielding to any purgatives or Cathartres (*sic*) the Practitioner may employ; the vomiting may be fecal and as the constipation will not

yield we become aware of the true nature of the case. Our indications are to control all peristaltic action of the intestines. For this purpose we use opium. The patient can be kept alive by nourishing enemata. The termination in some cases is favourable, the volvulus or invaginated portion separating as a slough, and a cicatrix forming, the patient ultimately recovering. Death however may ensue from the inflammation spreading to the Peritoneum, perforation of the intestines taking place.

3. In Measles the eruption occurs on the fourth day, first on the face and neck and in crescentic patches, while in Scarlett (*sic*) Fever the eruption occurs on the second day, and appears on the chest in patches of a diffuse kind and scarlet red in colour.

WRITTEN EXAMINATION IN MIDWIFERY.

QUESTIONS.

1. What are the indications for the use of the Short and Long Forceps respectively?
2. Give the causes, diagnosis, and treatment of Hæmorrhage during the first stage of Labour.

ANSWERS OF CANDIDATE No. 4.

Short forceps are used when there is some obstruction at the lower part of the pelvic cavity, such as constriction of the outlet from ankylosis of sacrum and coxeyx, rigid (*sic*) perineum, tumours, spiculæ of bone, or any thing preventing the head's progress after it has passed the brim and got well down into the cavity of the pelvis.

The long forceps will be required in prominent sacrum and oblique distortion of the brim, in powerless labour when the head is high up and the os well dilated. In some cases of flooding, and inversion where the head remains fast. In puerperal convulsions and any case where the short forceps wont reach and speedy (*sic*) delivery is necessary, providing the diameters are not less than 3 and 4 inches respectively.

Hæmorrhage occurring during the first stage of labour may be accidental or unavoidable. If accidental it is caused by the separation of a portion

of the Placenta, and this condition may be known by the bleeding ceasing during a pain and beginning again when the pain is over, because the child's head is pressed down against the os uteri during contraction and completely blocks up the opening.

Unavoidable Hæmorrhage is caused by the fact that the Placenta is attached, either partially or wholly, (*sic*) immediately over the os uteri; and, consequently when the os is dilating during a pain we have bleeding;—but, directly the pain is over and the os closes, the bleeding is diminished or stops.

If the bleeding is accidental, the treatment would be to rupture the membranes and bring down the head if that part presents.

If unavoidable, the best plan would be to introduce the hand up to the os, pass it either through or at one side of the placenta, or entirely separate the whole of it, but not remove it; pass the hand up into the uterus and feel for the child's feet, turn and deliver at once.

A large dose of ergot given and repeated if you can't get the uterus to contract.

ANSWERS OF CANDIDATE No. 7.

1. The indications for the use of the Short Forceps are when head has descended into the Pelvic Cavity, but Labour is delayed from non-compressibility of Foetal Head, so we use the Short Forceps to effect slight compression; or again when the head being in Pelvis, Labour is tedious from inertia of the Uterus and Mother's strength is exhausted; or when the head has entered the Pelvic Cavity, but immediate delivery is called for, on account of sudden complications arising on the part of Mother or Child.

The Long Forceps, on the other hand, are used when the Foetal head is arrested at the Brim of the Pelvis by a slight diminution in the size of the Pelvis, or if the Liq. Amnii be suddenly evacuated and complications arise which call for immediate delivery, from rupture of Uterus &c.

2. Hæmorrhage, during the first stage of Labour, is due to abnormal attachment of the Placenta to near the "os" and Cervix Uteri, and as the pains come on and the os uteri begins to dilate the Placenta is gradually torn away from its attachment, and in consequence we have the escape of Blood. We diagnose it by the Hæmorrhage always being worse during the pains, a larger bleeding surface being exposed by each pain.

Our treatment if the Hæmorrhage were profuse must be prompt by examination per vaginam. We feel the placental mass. It may be partly

or wholly blocking up the cervix. We might try partial separation of the placenta by passing the finger gradually round and round by way of hastening the full dilation of the "os;" and, at the same time, gradually separating strips of the Placenta, and if we could, push the presenting part up, and if the head be presenting allow it to descend, and for a time we would find the Hæmorrhage diminished as the Fœtal Head would press against the Uterine Sinuses and so stop the flow of the blood. Should the feet present, it is fortunate, as we are saved the necessity of performing the operation of Turning, which in other cases may be necessary. If the Head, presenting, and the os being fully dilated, the Hæmorrhage continue, we should put on the Forceps and deliver as speedily as possible. In all cases attend to the Mother and should her strength fail administer stimulants, &c., and cheer her spirits; if, on the other hand, the Hæmorrhage were very slight we might try the effect of palliative means, rest in the supine position, and application of cold douches &c.; should these means prove of no avail, we must deliver immediately. The Practitioner must attend carefully to the particulars of each individual case, and be guided accordingly in the after treatment. Symptoms must be treated as they present.

WRITTEN EXAMINATION IN MATERIA MEDICA.

QUESTIONS.

1. From what is Squill obtained? What are its principal preparations? What are their doses? What are the actions and uses of the drug?
2. Which of the following infusions are compatible, and which incompatible, with the preparations of Iron:—*Chiretta*, *Quassia*, *Hops*, *Gentian*, *Cascarilla*, *Cusparia*, *Orange*, *Digitalis*, *Calumba*, *Chamomile*?

ANSWERS OF CANDIDATE NO. 4.

1. Squill is the dried Slices from the bulbous root of *Urginea Scilla* (Liliacæ).
Preparation Tincture, dose 3×1 to $3p$; Acetum Scilla dose $3 \times 3ss$; Syrup, dose $3ss$; Pil Ipecac C Scilla dose 5 to 10 grains; Oxymel, dose $3ss$ to 3; Pil. Scilla Co. dose 5 to 10 grains.
Actions Expectorant, acting chiefly on the mucous membranes.
2. Hops, Gentian, Cascarilla, Orange, Cusparia, and Digitalis are incompatible.
Chirretta, *Calumba*, *Quassia*, and *Chamomile* are compatible.

ANSWERS OF CANDIDATE NO. 5.

Answer 1st. Squill is the dried slices from the bulbous root of *Urginea Scillæ* (*Liliacæ*) brought from the shores of the Mediterranean. It is in slices, not exactly hard, as the moist air acts upon the sea salt (deliquescent) contained more or less in them.

Its principal preparations are—

Tinctura Scillæ	-	Dose 10 to 20 minims.
Acetum	„ -	do. do.
Syrup	„ -	One drachm and upwards.
Oxymel	„ -	do. do.
Pil Scillæ Co.	-	From 5 to 10 grains.
Pil Ipecac c. Scilla	do. do.	

In moderate doses it acts upon the mucous membrane of the bronchial tubes as an expectorant, it is also a diuretic and diaphoretic; given in large doses it acts as an emetic.

Answer to Question 2nd. Chiretta, Quassia, Calumba and Chamomile are compatible c. iron. The Digitalis, Orange, Cusparia, Hops, Cascarella, and Gentian are incompatible.

ANSWERS OF CANDIDATE NO. 6.

1. Squill is obtained from the "*Urgenia Scillæ*" (*it is the bulb sliced*) a plant belonging to the Natural Order "*LILIACEÆ*."

Preparations are—	Doses are—
Acetum	3ss, 3ij to 3iij
Oxymel	3ij to 3iij
Syrupus	3ij to 3iij
Tinct	$g\frac{11}{11} \times \times$ to 3iij
Pil Ipecac c. Scillæ	gr v to gr x
Pil Scillæ Co.	gr v to gr x

Actions—Expectorant, Emetic, diuretic, &c. Used in bronchitis and catarrhal affections of the chest; in dropsey (*sic*), especially when the latter is due to heart disease.

2nd. The following Infusions are compatible with preparations of iron—Quassia, Calumba, and, according to some, Gentian and Chiretta are good vehicles for the administration of iron preparations, though the Infusion becomes very dark on the addition of the iron preparation. The other Infusions are incompatible viz Hops, Cascarella, Cusparia, Orange, Digitalis and Chamomile.

ANSWERS OF CANDIDATE No. 7.

No. 1. Squill is obtained from the bulb of the Sea-onion—*Scilla Maritima*—which is cut into slices and dried. Its principal preparations are—Tincture, Syrup, Powder and Vinegar of Squills. *Doses*: of Tincture 3ss to 3ij; of Pulv: *Scillæ* gr j to iij; Syrup 3j to 3ss.

Actions and uses.—In large doses it acts as an irritant; in medicinal doses as diuretic, diaphoretic, and as such is used in Dropsies. It is also used as an adjunct in expectorant mixtures. Its diuretic action is best obtained if it be combined with another such as Pulv: *Scillæ* and Pulv: *Digitalis*.

No. 2. The preparations of Iron can be conveniently given in any of the infusions which do not contain Tannin, such as *Infusum Quassiae*, *Infusum Digitalis*, with which it will be found to be perfectly compatible; while Hops, *Cascarilla*, Orange and *Cusparia* &c. are incompatible.

WRITTEN EXAMINATION IN MEDICAL JURISPRUDENCE.

QUESTIONS.

1. What are the appearances which would satisfy you that a child had been born alive?

2. What are the symptoms of poisoning by Oxalic Acid? How soon do they generally manifest themselves. What is the mode of death? Describe the treatment. What are the *post mortem* appearances in fatal cases?

ANSWERS OF CANDIDATE No. 4.

If a child had been born alive its general appearance would be healthy, there would be absence of marks of violence, and, if recently dead, no decomposition.

On post mortem examination the lungs would feel crepitant, and probably the air cells would contain air and froth; but, on cutting a piece of the lung away and throwing it in water, it would float at the top.

There might also be found food in the stomach.

Symptoms of poisoning by Oxalic Acid.—Pain in the stomach coming

on immediately, vomiting of greenish coloured matter. The pain spreads over the bowels, there is pallor and anxiousness of the countenance, convulsions, collapse, and death.

The treatment consists in exciting vomiting first by emetics or tickling the fauces, afterwards give the Oxides of Calcium and Magnesium.

After death the fauces, œsophagus, and stomach are found inflamed and covered with white patches of ulceration.

ANSWERS OF CANDIDATE No. 7.

1. Should the body present the signs of Maturity, and the umbilical cord the signs of any vital action. If on post mortem examination the lungs are found expanded and of healthy colour, crepitating when pressed or squeezed, and small portions cut from the Lung and well rubbed in a cloth float on water. After breathing too, the actual weight of the Lungs is increased to nearly double that of the Fœtal Lungs, although specifically it is lighter and floats on water.

2. In poisoning by Oxalic Acid, if the dose taken is concentrated, the symptoms are manifested immediately and death may be sudden; if, on the other hand, the dose is not so strong we get an acrid, sour, burning taste in mouth and fauces, with intense pain in gullet and stomach, severe vomiting of matters acid and stringy, may be bloody, purging and diarrhœa; symptoms increase, producing great exhaustion and patient succumbs, death in some cases being preceded by convulsions or coma.

The invasion may be sudden and death may result from spasm of glottis or paralysis of Heart; but death may be delayed for three, six, or even sixteen hours, or patient may die from exhaustion after a few days.

Our treatment should be to encourage the vomiting, if it be present, by means of demulcent and diluent drinks; should there be no vomiting we administer a stimulating emetic, as Sulphate of Zinc in a dose of gr. $\times \times \times$; or with great caution we may use the stomach pump; better not, however, if vomiting be free. Magnesia is recommended made into a cream with water, or chalk may be used, either of which may be given freely; and, as soon as the vomiting of acid matters has ceased, we would simply give demulcent drinks. In absence of Magnesia, we might give Carron Oil (Linseed or Olive Oil and Lime Water). Should the patient survive, the after treatment must be conducted to the symptoms as they arise. In fatal cases we find appearances of corrosive, irritant action on the mucous membrane of mouth, gullet, &c. and stomach.

PRESCRIPTIONS.

(To be written in Latin without contraction.)

1. Prescribe Elaterium as a hydragogue cathartic.
2. Prescribe a stimulating expectorant containing squill and ammonia.

ANSWERS OF CANDIDATE NO. 4.

R

Extracti Elaterii granum unum aquæ ad unciam unam.

Misce — Sumatur Cochliarium parvum ter indies.

R

Tincturæ Scillæ, drachmas duas.

Spiritus Ammoniæ Aromaticæ drachmas duas.

Spiritus Ætheris Nitrici drachmas duas.

Aquæ ad uncias octo.

Misce — Capiat Cochliaria magna quartis horis.

ANSWERS OF CANDIDATE NO. 5.

Recipe :

Extracti Elaterii granam.

Extracti Hyoscyami sufficit.

Fiat pilulas dividend Octium Capiat unam omnes quinque horis si donec respondent.

Recipe :

Ammonia Carbonate drachmas unam.

Tinctura Scillæ drachmas duas.

Aquæ ad ℥iij.

Fiat Mistura Capiat Cochleare ampla duo quartis horis.

ANSWERS OF CANDIDATE No. 6.

R

Elaterii - . . . grana Tres.
 Extracti Hyoscyaniæ - grana duodecem.
 Pulveris Aloe Socotrinæ - grana Viginti quatuor.
 Confectii Rosæ Gallicæ - quantum sufficit. Misce.

Fiat pilula massa et divide in pilula duodecem.

Signetur :

Unum nocte maneque sumendus.

Stimulating Expectorant containing Squills and Ammonia.

R

Ammoniæ Carbonatis - drachmas duas.
 Tincturæ Scillæ - drachmas Tres.
 Spt. Etheris Nitrosi - drachmas duas
 Infusi Senegæ ad Uncia Octo. Misce.

Fiat Mistura.

Signetur :

Capiat cochleare magna tres in die.

ANSWERS OF CANDIDATE No. 7.

Recipe :

Elaterii - . . . granum.
 Extracti Hyoscyami - grana sex.
 Confectionis Rosæ Gallicæ quantum sufficit.

Fiat massa et divide in pilulas tres.

Signetur :

Una pilula sumenda pro doso ter horis donec fuerit liquidas dejectiones.

Recipe :

Ammoniæ Carbonatis - drachmam.
 Tincturæ Scillæ - drachmas sex.
 Decoctum Senegæ ad uncias sex. Misce.

Signetur :

Cochleare magnum sumendum pro doso ter in die.

REPORT ON THE EXAMINATIONS FOR THE SINGLE QUALIFICATION OF THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

Held on the 15th and 16th July, 1873.

Visitors :—J. RISDON BENNETT, M.D., Member of the General Medical Council,

GEORGE BUSK, F.R.C.S., Visitor appointed by the Council.

The Examinations are—

1. A Primary—on Anatomy, Physiology, and Chemistry.
2. A Professional—on Surgery, Midwifery, Medicine, and *Materia Medica*.

Each of these Examinations is conducted partly by written papers and partly orally, including in the latter a Clinical Examination in the Surgical wards of the Royal Infirmary.

I.—PRIMARY EXAMINATION.

1. The Written Part was held on the 15th July at the College of Surgeons, and a copy of the Paper of Questions is subjoined.

Four hours are allowed for the answering, and the Candidates (of whom, however, on the occasion of our visit, there was but one) are overlooked by an Examiner.

Dr. INGLIS, the presiding Examiner at the time of our visit, gave us all the information we required.

The maximum number of marks allotted for each of the three subjects is 100, and the minimum 50; and without obtaining the latter number in each of the subjects, the Candidate would not be admitted to the subsequent Oral Examination. If the Candidate fail in any one of the subjects, he would, as a rule, be rejected in all, and on appearing again would be required to answer in all. But in some cases, if he has obtained a high number of marks, say 85—90 in any subject, he would not necessarily be re-examined in that subject.

The single Candidate on the occasion of our visit obtained the requisite number of marks; and the judgment passed upon his paper, was, in our opinion, just and proper.

With respect to this Examination, we would remark that the questions may perhaps be considered as rather too easy, unless the answers are judged with due stringency. We also think that it would be better to introduce more Physiology into the paper, especially since none of the Chemical questions have any direct physiological bearing, but are simply in Elementary Chemistry—a subject that would perhaps be better included in a Previous or in the Preliminary Examination itself.

2. The Oral Examination was held on the following day. Four Examiners sat at two tables, in separate rooms, at each of which one took the Anatomical, and the other the Chemical part.

The Examination began with the reading of the Candidate's written paper, which was done aloud by one of the Examiners (in the absence of the Candidate). Both Examiners then conferred together as to the number of marks to be given, and if this amounted to 50 the Candidate was called in and his Examination commenced. Fifteen minutes were given to each subject.

In the Anatomical Examination, bones and preparations of the ligaments were employed, and there was also a dissected part of a subject on a separate table.

The Examination was ably conducted; though as regards the Anatomical part, it was perhaps too much of a verbal character, or too little demonstrative upon actual parts, and consequently hardly satisfactory as a test of actual practical knowledge.

We did not observe that any use of the microscope was made in this Examination.

On the whole, we are of opinion that the Primary Examination for the Single Qualification of the Royal College of Surgeons, though undoubtedly, so far as it went, well and conscientiously conducted, is, as witnessed by us, hardly up to the standard which ought to be required if a uniformity in the value of different qualifications is to be insured. Nor should it be forgotten that this is or may be, perhaps, the only test of his Anatomical and Physiological knowledge to which the Candidate will be subjected before he obtains a Surgical Diploma.

II.—THE PROFESSIONAL EXAMINATION.

1. The Paper of Questions for the Written part of this Examination, a copy of which is subjoined, comprised some on all the subjects above enumerated, that is to say: on 1, Surgery; 2, Surgical Anatomy; 3, Practice of Medicine; 4, Materia Medica; and 5, the Writing of Prescriptions. And the Candidate must obtain 50 marks in each of these subjects to enable him to appear at the Oral Examination. The time allowed for answering was four hours.

On the occasion of our visit three Candidates presented themselves, all of whom obtained the due number of marks, and inspection of the answers showed that the judgment of the Examiners was just, and not too lenient.

2. The Oral Examination commenced with the Clinical part, at the Royal Infirmary at 11 a.m.; the number of Candidates being three.

Each Candidate had a case assigned to him with which he was left

by himself in the ward for as long a time as he pleased or as he required, to make out its history and diagnosis, and to suggest the proper treatment. He was then called into a separate room where two Examiners (Surgeons of the Infirmary) sat, by one of whom he was examined on the case he had just visited.

The Examination was long and searching, including not only the particulars of the immediate case in question, but going, as it appeared to us, at considerable length into general questions arising more or less directly out of it.

The cases selected on the occasion of our visit were: 1, one of Anchylosed Knee; 2, of Fractured Rib, with Emphysema; 3, of Tumour on the upper lip of doubtful nature.

- When the Examiners were satisfied, they conferred together as to the value to be assigned to the answers, which, as well as a statement of the nature of the case, was noted on a slip of paper which the Candidate had to present to the Oral Examiners; who, we may observe, were distinct from those who conducted the Clinical Examination.

Should the Candidate fail to obtain 50 marks, his further Examination is stopped.

On the present occasion, all three Candidates obtained the requisite number.

The Candidates were not tested in the Infirmary in the application of bandages, &c.; and the Clinical Examination was confined to a single patient.

With regard to this part of the Examination, we would remark that it would perhaps be better if it were conducted less formally in the wards, and upon several cases of an ordinary kind; and directed so as to ascertain the Candidate's capability to undertake the every-day practice of his profession; including, as far as is practicable, his skill in the use of ordinary Surgical appliances.

8. The Oral Examination, which commenced at 1 p.m., was conducted at two tables, at one of which the subjects were Surgery and Surgical Anatomy; and at the other, Midwifery and Medical Jurisprudence. We did not observe that there was any *viva voce* Examination in Medicine. Besides these, on a third table, was placed a lay stuffed figure for the application of bandages, splints, &c., though little use seemed to be made of it.

The Examination at each table lasted half-an-hour;—that on Surgery being aided by pathological specimens, whilst on the other table lay the usual obstetrical models, &c.

The Examination was well conducted, and the judgments witnessed by us were sufficiently stringent.

With regard to this part of the Examination, we would observe, however, upon the absence of a living subject and the use of the stuffed model instead. It is certainly very essential in a Surgical Examination that the Candidate's knowledge in external Surgical and Topographical Anatomy should be amply tested, which can only be done properly upon a living subject. In regard, for instance, to the configuration of the joints, the course of the principal blood vessels, and the best method of commanding them by pressure; the position of the viscera; the lines of incisions in various operations, &c. &c.

At this Examination out of six Candidates who presented themselves two were very properly referred.

J. R. BENNETT, M.D.
GEORGE BUSK.

P.S.—We have to remark that, in this Examination, as well as in that of the Royal College of Physicians, several of the Candidates gave evidence of very defective preliminary education, both in Latin and English.

WRITTEN EXAMINATION IN ANATOMY.

Four questions, of which Three are to be answered, but not more.

1. Describe the attachments, relations, and actions of the muscles which connect the Hyoid Bone to the lower jaw.
2. Describe the anatomy of the Inguinal Canal, including the parts which compose its inlet and outlet.
3. Name the points of attachment of the Annular Ligament of the Carpus. Enumerate the muscles which are in immediate relation with it.
4. Give the origin of the Fifth Pair of Nerves. Mention its functions. Name the branches given off from its first division.

ANSWERS OF CANDIDATE NO. 1.

[Q. 1.]—1. *Digastricus*.—Origin, mastoid bone, digastric fossa. It is attached by a part of the cervical fascia to the angle of the hyoid bone. Its anterior belly is attached to a tubercle at the post^r inferior angle of the Inf. maxillary bone. Lies in contact with parotid gland and facial artery.

2. *Mylo hyoid*, arises from the mylo hyoid ridge, forming the floor of mouth, and is inserted into the cornua and body of the os hyoides and the middle line, overlapping the genio hyoid.

3. *Hyoglossus* arises from the side of the tongue, its fibres mixing with those of the styloglossus, and is inserted into the body of the os hyoides, internal to the mylo hyoid.

4. *Genio hyoid* arises above the insertion of the digastricus from a small tubercle and is inserted into the os hyoides (body). All these muscles are elevators of the os hyoides; acting, singly, they elevate one side. The hyoglossus is a depressor of the tongue.

5. Genio hyoglossus arises from a tubercle above the latter, at the symphysis; part of the fibres curve downwards and are inserted into the hyoid bone; some curve forwards to the tip of the tongue, others backwards into its base.

The submaxillary space is bounded below by both bellies of the digastricus, and contains the facial artery and its branches, the submaxillary gland. The lingual artery runs parallel with the upper border of the hyoid bone at the attachment of its muscles.

The genio hyoid by its posterior fibres draws the tongue forwards, middle, depress the tongue, and partly aid in elevating the os hyoides: all the above muscles aid in deglutition.

3. The Annular ligament.—This ligament is attached on the palmar side on the external border to semilunar bone; fibres, of the external lateral ligament, to the cuneiform, and tips of the radius and ulna. The muscles in contact with this ligament are:—flexor carpi ulnaris, flexor carpi radialis, flexor sublimis digitorum. On the dorsum, there are extensor primi internodii, extensor communis digitorum, extensor minimi digiti; on the palm the palmaris longus is superficial, the deep flexors pass beneath it.

4th Q.—Fifth pair of Nerves—

The fifth pair of Nerves arises from the fourth ventricle of the brain, (its floor), some of its fibres can be traced into the grey matter in the medulla oblongata. It is the great nerve of sensation of the head and face. It supplies the muscles of mastication with motor power, namely;—masseter part of the buccinator, temporal, and pterygoid muscles. The first, or upper division, (called the ophthalmic), proceeds from the upper border of the Casserian ganglion, and passes through the sphenoidal fissure, and divides into frontal, lachrymal, and nasal. The frontal subdivides into supraorbital and supratrochlear. The nasal enters the eye beneath the heads of the external rectus, crosses to the cribriform plate of Ethmoidal bone and divides into three divisions, which are distributed on the turbinated bones and roof of the nose; some filaments enter the antrum of Hymore, one larger branch runs along the side of the nose nearly to the tip. The lachrymal branch runs along to the lachrymal gland, to which, and to the external angle of the eye, it supplies filaments of sensation. The eye-ball is supplied by the ciliary branches of the nasal. In the eye the lenticular ganglion receives some motor fibres from the third nerve, and which give the ciliary muscle its motor power. The fifth pair of nerves send also sensory filaments to the brain and duramater.

ANSWERS OF CANDIDATE NO. 2.

I. *Digastricus* arising from the styloid process of the temporal bone and inserted into the symphysis of the inferior maxilla. It is formed of two fleshy bellies, connected by a central tendinous part, which is connected to the upper border of the body of the hyoid bone. It lies on the mylohyoid muscle. The digastricus when the lower jaw is fixed elevates the hyoid bone, when the hyoid bone is fixed by the action of its depressor muscles it depresses the lower jaw.

Mylo hyoideus arises from the mylo hyoidean ridge of the inferior maxillary bone, being connected at its anterior part with the muscle of the opposite side. It is inserted into the body and greater cornu of the os hyoides. This muscle forms the floor of the mouth and the floor of a surgical region—the submaxillary triangle. The submaxillary gland lies on this muscle and also the submental branch of the facial artery.

Genio hyoid arises from a small tubercle on the side of the symphysis of the lower jaw, and is inserted into the body of the hyoid bone. This is a slender muscle lying beneath the mylo-hyoideus.

Genio hyoglossus arises from the symphysis of the lower jaw, and is inserted into the whole length of the tongue and hyoid bone.

Actions.—These muscles are all elevators of the os-hyoides, the genio-hyo-glossus being also a muscle of the tongue, which organ it protrudes and pulls back according to the part of its muscular fibres which is in action.

II.—*The inguinal canal* is that space extending from the internal to the external abdominal ring, which, in the fœtus, gives passage to the testicle in its descent to the scrotum, and contains the spermatic cord and genital branch of the genito-crural nerve. In oblique inguinal hernia it gives passage to a knuckle of intestine or omentum. It is about an inch and a half in length and it is bounded *below* by Poupart's ligament, above by the curved border of the internal oblique muscle of the abdomen; externally, it is bounded by the external oblique muscle, and internally, by the conjoined tendon of the internal oblique and transversalis muscle.

The *external abdominal ring* is situated on the crest of the pubes, being formed by the divergence of the fibres inserted into the spine of the pubes and those inserted into the crest. The fibres inserted into the spine of the pubes are called the inferior or external pillar of the ring; those inserted into the inner part of the crest are called the internal, or superior, pillar of the cord. The weak point thus formed in the aponeurosis of the external oblique muscle is strengthened by transverse fibres which connect the two pillars. The deep epigastric artery lies external to the external abdominal ring, whilst it is internal to the internal abdominal ring.

The *internal abdominal ring* is a funnel shaped opening in the transversalis fascia, being bounded above by the arched border of the internal oblique muscle, and, in front by the external oblique muscle and behind by the peritoneum.

A piece of bowel passing through this ring becomes invested firstly;—with peritoneum, which forms the sac; next it gets a covering of transversalis fascia, and as it passes along the canal it gets a covering from the arched border of the internal oblique (cremaster muscle). At the

external abdominal ring it receives another investment, from the *fascia* connecting the two pillars of the ring—the intercolumnar or spermatic *fascia*. These are the coverings of an oblique inguinal hernia. In the direct form of hernia (when the bowel is pushed through the external abdominal ring without traversing the inguinal canal) the covering derived from the internal oblique muscle is replaced by the conjoined tendons of the internal oblique and transversalis, which lie directly behind the external abdominal ring. In the female the inguinal canal gives passage to the round ligament of the uterus.

IV. The fifth pair of nerves makes its appearance on the base of the brain, by the side of the pons Varolii. Its deep origin has been traced to the floor of the fourth ventricle. It resembles a spinal nerve in arising by two roots—an anterior or motor, and a posterior or sensitive root; the latter, like the spinal nerves, having a ganglion (the Casserian) which lies on the petrous portion of the temporal bone.

The ganglion divides into 3 large branches—the ophthalmic, the superior maxillary, and the inferior maxillary; the latter receiving all the motor root of the nerve.

It is the nerve of sensation (common) of the face, forehead, eye, and appendages, and nose and teeth. It also supplies the tongue giving it the sense of taste, and it supplies the muscles of mastication and the mylohyoideus and digastricus with motor power.

The branches of the first or ophthalmic division, are: frontal, lachrymal, and nasal.

WRITTEN EXAMINATION IN PHYSIOLOGY,

ONE QUESTION.

Describe the minute anatomy of the kidney; and state in what parts of this organ the fluid, and the more solid constituents of the urine are separated from the blood.

ANSWER OF CANDIDATE No. 1.

Kidney.—The kidney is a vascular organ, surrounded externally by a strong fibrous capsule, connected by cellular tissue, but in a healthy organ can be torn off, except where it is continuous over the blood-vessels and duct or ureter.

The kidney can be described under two heads—Cortical and medullary.

In the cortical part covering the kidney are contained the Malpighian tufts, &c. In the medullary are the ends of the efferent vesicles which excrete the urine and propel it into the calyces, the latter from eighteen to twenty in number, and composed of fibrous tissue, converging to a central cavity, the pelvis. The water is sent through the ureter, to the bladder. The kidney is composed of tubules, Malpighian tufts, and the investments of the various blood-vessels—and stroma of connective tissue, together with granular matter and blood-vessels.

When the renal artery enters the pelvis of the kidney it divides into several branches, these subdivide again, and enter the pyramids between their papillæ, subdivide again into smaller branches which pierce the Malpighian capsule, and there they appear convoluted, the small tubercles being supposed to be covered with epithelium in the tuft; the watery portion of the urine is supposed to leave the tubules by a mere process of straining. In the gland cells lining the Malpighian ducts the more solid particles are excreted, some such as urea being held in solution as the urates of soda and ammonia, the chlorides also are excreted in the same way. It is probable that the solids in the urine are not excreted as such from the kidneys, but that certain changes occur after being in the bladder for some time—such as phosphates.

The blood after being freed from extraneous matter leaves the kidneys through the efferent veins, which form a plexus round the artery and then unite to become large veins and finally leave the pelvis of the kidney as the renal veins. The urineferous tubes are lined with tessellated or squamous epithelium; after leaving the capsule they descend half way to the papillæ. Then they are supposed to ascend to their former level, then descend again and open as beforementioned into the calyces.

ANSWER OF CANDIDATE No. 2.

On making a section of the kidney it is seen to be composed of two different structures: 1st, an external or cortical substance and an internal or medullary portion. The medullary portion is composed of from 8 to 16 conically shaped bodies called pyramids, their apices being received into the calyces and part of pelvis prolonged around the apices of the pyramids. The pyramids are of a deep reddish colour, and, on examination with the microscope, are found to be composed of bundles of straight urineferous tubules. These tubules on reaching the cortical portion of the kidney become very tortuous and at last end by forming a body called a malpighian

capsule. The blood from the renal arteries passes into the substance of the organ, principally between the pyramids. The arteries then enter the Malpighian capsules when they break up into a plexus, their walls being the only partition between the blood and the contents of the Malpighian capsules, which are continuous with the uriniferous tubules.

The artery after leaving the Malpighian capsule, or rather the efferent vessel as it is called, form a plexus around the convoluted uriniferous tubules in the cortical portion of the kidney. The veins collect the blood from these plexuses and taking a course between the pyramids resembling the arteries pour their blood through the renal veins into the inferior vena cava.

It is supposed that in the Malpighian capsules the fluid parts of the blood are as it were strained off, also the solid constituents of the urine such as urica, are principally separated from the blood here. In the plexuses of efferent vessels, the blood having been already freed of its hurtful constituents, it is probable the more watery portion of the urine is here secreted.

CHEMISTRY.

Three questions, of which Two are to be answered, and not more.

1. Describe shortly the mode of preparing and purifying Coal-gas, and mention those constituents of it on which its illuminating power depends. State also the principal substances separated from it in the process of purification.

2. Give a definition of an Acid and of an Alkali, and three examples of each, mentioning their symbols according to the new or old notation.

3. State the tests by which the Proto-salts and Per-salts of Iron are distinguished.

ANSWER OF CANDIDATE No. 2.

II. An acid is a compound substance containing hydrogen, always and usually also oxygen, in the latter case it is called an oxy-acid. They are sour to the taste and have the power of turning to red blue litmus papers—and they unite with metals, metallic oxides and hydroxides to form a class of bodies called salts.

An *Alkali* is a substance which turns to blue litmus papers which have been changed to red by an acid. They neutralize acids forming salts. They dissolve easily in water forming caustic solutions. They change turmeric (yellow) to brown.

Acids, for example. Sulphuric H_2SO_4 . Nitric HNO_3 , and Hydrochloric HCl .

Alkalis— KHO , $NaHO$ and NH_3 .

III. Protosalts of iron, as for instance $FeSO_4$, give with KHO a hydrated ferrous oxide which is white at first but becoming greenish from the absorption of oxygen. With ferrocyanide of potassium they give a light blue, quickly becoming darker, and with sulphocyanide of potassium a blood red colour.

The Protosalts of iron are green coloured.

The *Persalts of iron*, Fe_2Cl_6 , are yellow coloured and give with KHO a brown precipitate, with K_4FeCy_6 a deep blue.

[The papers of the third Candidate in this Examination did not come before us.]

SECOND EXAMINATION.

PAPER OF QUESTIONS FOR THE WRITTEN PART.

SURGERY.

Four questions, of which Three are to be answered, and not more.

1. Describe the varieties of wounds of the abdomen. Give the symptoms, and mention the dangers to be encountered where any of the contained viscera are injured. What treatment is to be adopted in wounds of the intestines?

2. Describe an aneurism situated at the bifurcation of the carotid artery. Mention the other swellings with which it may be confounded, and give the differential diagnosis. Describe the operation of ligature of the common carotid, giving (1) the length, direction, and site of incision; (2) the parts cut; (3) the mode of exposing the artery and passing the needle; (4) the important parts to be avoided.

3. Describe the amputations of the arm near its middle: (1) by the various flap methods; (2) by the circular. Mention particular cases in which you would give a preference to one or other of these procedures.

4. Describe the characteristic appearances of epithelioma of the lower lip. Give in detail the steps of the operation for its extirpation and the restoration of the lip. Mention the concomitant circumstances contra-indicating an operation.

SURGICAL ANATOMY.

One question, which must be answered.

Describe the anatomy of the first stage of the Axillary Artery—indicating on anatomical grounds the objections to the application of a single ligature to this part of the vessel.

PRACTICE OF MEDICINE.

Three questions, of which Two are to be answered, and not more.

1. Define acute Hydrocephalus; its symptoms in its various stages; its pathology. State with what diseases it may be confounded. How would you treat it?

2. What do you mean by Embolism? To what phenomena does it give rise?

3. Give the diagnosis between gastric or hepatic vomiting and cerebral or sympathetic vomiting, and the treatment of each.

MATERIA MEDICA.

Three questions, of which Two are to be answered, and not more.

1. What are emetics? Mention the chief Emetics, with the differences in their mode of action. State also in what circumstances you would be led to prefer the one class to the other. Give the dose of three of the principal.

2. What is Strychnia? Name the plant yielding it, and the part from which it is procured. What is its physiological action, and to what diseased conditions is it applicable? In what modes may Strychnia be administered? Mention the dose.

3. Name the plant, and the part of it, which yields Croton Oil. Mention its physiological actions, and its therapeutical applications. State the dose and mode of administration.

P R E S C R I P T I O N.

To be written in full.

Write a prescription for an anodyne draught to be taken at bed-time

[*The Answers to these Questions we did not receive.*]

**REPORT ON THE SECOND OR PASS CONJOINT EXAMINATION
OF THE FACULTY OF PHYSICIANS AND SURGEONS OF
GLASGOW, AND OF THE ROYAL COLLEGE OF PHYSICIANS
OF EDINBURGH.**

Held at Glasgow on the 15th and 16th January, 1874.

Visitors.:—E. A. PARKES, M.D., F.R.S., Member of the General Medical Council.

GEORGE BUSK, F.R.C.S., Visitor appointed by the Council.

The Conjoint Examination of the Faculty of Physicians and Surgeons of Glasgow, and of the Royal College of Physicians of Edinburgh, is divided into a First and a Second Professional Examination. For the former, which includes Examination in Anatomy, Physiology, and Chemistry, which was advertised to be held on the 15th and 16th January, there was no Candidate. Our Report is, therefore, confined to the Second Examination, which includes the subjects of Surgery and Surgical Anatomy, Practice of Medicine, Materia Medica, Midwifery, and Medical Jurisprudence.

This Examination is conducted by Examiners, chosen partly by the Faculty of Glasgow, and partly by the Royal College of Physicians of Edinburgh.

The Faculty elects by vote six Examiners from among the resident Fellows, these hold office for five years, and are capable of re-election, and as a matter of practice are not infrequently re-elected. The Royal College of Physicians of Edinburgh send Examiners, chosen in the manner described in the Report of the Conjoint Examination of the two Edinburgh Colleges. After election the Examiners meet and frame questions for the year's

Written Examinations, and these questions pass into the custody of the Secretary, and are given out by him at the different Examinations during the year.

As a rule, four questions are put in each subject, of which three are required to be answered.

The Examination is carried on during two days. On the first day, the Written Examination takes place from 10 to 2 and then from 3 to 5 o'clock. On the following day the Clinical Examination takes place in the morning at the Royal Infirmary, and the Oral Examination, which lasts for about one hour for each Candidate is held in the evening.

The Examiners who conduct the Written Examination and read the answers, may or may not conduct the Clinical Examination; they conduct the Oral Examination.

For the First or Primary Examination the Faculty chooses four Examiners for five years; they are also capable of re-election, and the Examiners in Anatomy and Chemistry are frequently re-elected.

At the Second Examination at which we were present on the 15th and 16th January, there were only three Candidates.

THE WRITTEN EXAMINATION.

In the Written Examination we were allowed to see the questions and answers of the Candidates, and have referred to them at a subsequent page.

THE CLINICAL EXAMINATION.

This took place on the morning of the 16th January in the wards of the Royal Infirmary. Only two Candidates appeared, as one Candidate had on a previous occasion passed the Clinical Examination, and it appears

that a Candidate who passes the Clinical Examination, but fails in any other part of the Examination is excused, if he so desires, from further Clinical Examination when he again presents himself.

The Examination in Clinical Medicine was thus conducted.—Each Candidate was first asked to examine specimens of urine, and answered questions put to him on this point. He was then sent to examine a patient, and after a certain time, when he was supposed to have mastered the case, the Examiners went to the bed-side and called upon him to explain the nature of the disease and to show how he had examined it. A second case was then given to him, and the same method was pursued. The Examination of the two Candidates lasted nearly an hour. They were then sent to the Surgical wards; here they were called upon to examine two cases of disease of the knee, and to state the difference between them, and were then asked to apply bandages and splints to a supposed case of fracture and to apply the tourniquet to the popliteal artery.

THE ORAL EXAMINATION.

In the evening of the same day the Oral Examination in Surgery, Medicine, Midwifery, Materia Medica and Medical Jurisprudence was held. Six Examiners were present, four from Glasgow and two from Edinburgh; and three Examiners sat together. The Oral Examination for each Candidate lasted about an hour.

Specimens of drugs were shown and there were a few preparations to illustrate certain points in Midwifery.

All the three Candidates who presented themselves were rejected.

Having thus stated the general method of the Examination we shall now give our opinion of its value as a test of fitness to practise.

The written questions, which we append, appeared to us good and practical, but the time allowed for answering them was short.

For Medicine and Surgery one and a half hours are allowed in each subject; in Midwifery, Materia Medica and Medical Jurisprudence one hour is given to each subject. Five great subjects are thus got over in six hours, and this seems to us too little for the subjects and too much for the Candidates.

The answers to the questions were not absolutely incorrect, but were very meagre and wanting in proper detail. One Candidate's spelling was bad. As already stated all three applicants were rejected, and we are, therefore, not able to give any replies by a really good Candidate, but we annex the answers in Surgery and Surgical Anatomy of two Candidates in order to show the Council the standard arrived at in the written part of the test. The paper of No. 1 Candidate was considered good enough to entitle him to pass this part of the Examination; the paper of the second Candidate was "bad," and this, as we understood was sufficient to reject him unless he showed great proficiency in other subjects and answered well in Surgery at the Oral Examination.

The Clinical part of the Examination seemed to us very well carried out. It was a fair test and while no properly prepared man could have failed in it, an ignorant man would certainly be detected. The cases of disease both Medical and Surgical were well selected, and there was sufficient testing of the application of Surgical apparatus. A good deal of time was taken up by only two candidates, and we hardly know how the Examiners could have carried out the Clinical Examination on the plan followed, had there been 10 or 20 Candidates instead of two.

The Oral Examinations were also very good, and fair practical questions were asked. The Examiners had before them the written answers to which they sometimes referred. Yet we observed that, at least one Candidate was asked almost the same questions in the Oral Examination that he had previously answered in writing, and another was taken over the same ground he had gone over in the morning with the Clinical Examiner who was not present at the Oral Examination. The same

repetition was noticed at the Conjoint Examination of the Edinburgh Colleges, and it is evident that a little management is necessary in order to avoid clashing of this kind.

In the points noted above, the Examination was not, in our opinion so good a test as it should have been, but if the details we have referred to are altered, we are of opinion that (if equally good Examiners always act, and act with equal care, as in the Examination we witnessed) the object aimed at by the Examination must be obtained, viz., the insuring that those who receive the Conjoint Diploma of the Glasgow Faculty, and the Edinburgh College are competent to practise their profession.

E. A. PARKES, M.D.

GEORGE BUSK, F.R.C.S.

APPENDIX.

First. Copies of Questions.

Second. Answers in the Written Examination on Surgery by a Candidate who just passed this portion of the Examination, and by a Candidate who did not pass.

SURGERY AND SURGICAL ANATOMY.

One and a half hours allowed for this Paper; three questions to be answered.

1.—Give the surgical anatomy of the inguinal canal and its openings with the relation of neighbouring parts.

2.—What are the symptoms of strangulated oblique inguinal hernia? and state the appropriate treatment.

3.—Describe the formation of an abscess in the ischio-rectal fossa, and its appropriate treatment in all its eventualities.

4.—Describe Pirigoff's amputation, and state what arteries are cut in its performance.

PRACTICE OF MEDICINE.

One and a half hours allowed for this paper; three questions to be answered.

1.—What are the different organic lesions which produce general dropsy, how do they severally act, and what is the best palliative treatment?

2.—Describe the progressive changes which take place in the lung in pneumonia.

3.—What symptoms would lead you to form an unfavourable prognosis in a case of typhoid fever towards the end of the second week?

4.—Give the character of the Sputa in (1) confirmed phthisis, (2) in the second stage of pneumonia, and (3) in gangrene of lung.

MIDWIFERY.

One hour allowed for this paper; three questions to be answered.

1.—Describe the passage of the foetal head through the pelvis in the first position.

2.—What rules would guide you, and what precautions would you adopt in applying the long forceps to the head at the brim?

3.—How would you treat a case of excessive vomiting during pregnancy.

4.—What are the chief forms of amenorrhœa, and how would you treat each of these.

MATERIA MEDICA.

One hour allowed for this paper; three questions to be answered.

1.—Scammonium, from what plant is it produced; what are the characters of the root of the plant, what are the characters of gum-resin; what is it used for, and what is its dose?

2.—In what respects do henbane and opium differ in their action? In what cases would you prefer opium to henbane?

3.—What substances are incompatible in prescriptions with the salts of iron?

4.—Mention the different suppositories in the Pharmacopœia, and their uses.

MEDICAL JURISPRUDENCE.

One hour allowed for this paper; three questions to be answered.

1.—How are poisons divided? Give characteristic examples of each class.

2.—Describe the appearances to be relied on as indicative of recent delivery.

3.—What are the differences between irritant and corrosive poisons? Give characteristic examples of each.

4.—Describe the appearances, both external and internal, of death by drowning.

ANSWERS IN SURGERY.

CANDIDATE No. 1.

The Answers were marked by the Examiners as "passable."

Q.—What are the symptoms of Strangulated Oblique Inguinal Hernia? and state the appropriate treatment.

A.—The symptoms are—*first*, those of obstruction; and *second*, that of inflammation. The patient finds he wants to go to stool often, and at first may pass a little if there be any fæcal accumulation below the strictured part, then he complains of intense pain and griping, vomiting frequently succeeds, at first of the contents of the stomach, then of mucus and bile, lastly the matters assume a stercoraceous appearance, and at last the patient almost vomits his fæces. His countenance is gloomy, sallow and expressive of the utmost alarm, he becomes delirious, raves frequently, sinks into a

state of somnolence and coma, and dies. If the strangulated part be examined it will be found congested, mottled with red spots and frequently gangrenous. The indications are to relieve the strangulation. This can be done by, first, the Taxis, or gentle pressure with the fingers continued for about a quarter of an hour; this can be aided by turning the patient topsy turvy, when we call it Taxis with inversion. The hot-bath, bleeding, morphia suppository—The Enema Tabacci, which no sane man ought to use, has been recommended. The patient should be engaged in conversation to relax the abdominal muscles; Dr. BUCHANAN of Glasgow, recommends the patient to make a deep expiration so as to remove effectually the expulsive force of the diaphragm. There are also, several other adjuncts to this treatment which have been all recommended. The other operations for relieving strangulation are—*first*, division of the parts external to the neck of the sac and then dividing the stricture; *second*, subcutaneous division of the sac; *third*, Baron SEUTIN's plan of forcibly dilating the passage by pushing up a fold of integument.

Q.—Describe the formation of an abscess in the Ischio-rectal Fossa, and state the appropriate treatment.

A.—An abscess in this fossa is the result of a great many abnormal conditions; Sir BENJAMIN BRODIE was of opinion that it always commenced by slight ulceration of the mucous membrane of the rectum. It is always ushered in by distinct rigors, the patient complains of a sense of dragging and great pain about the perineum. It should be opened by a straight bistoury or Dieufuloy's Aspirator, it frequently causes a fistula in ano; in such a case the fistula should be slit up.

Q.—Describe Pirigoff's operation, and state what arteries are cut in this operation.

A.—This amputation is theoretically more perfect than Symes as it leaves a better stump, the Tendo Achillis uninjured, and the heel process of the os calcis supports the foot better than the integuments of the heel. It consists in removing all the bones of the foot before the os calcis and astragalus. The patient having been chloroformed and placed on a bed, the surgeon commences by making an incision from front of outer malleolus downwards under the sole of the foot, and continuing it upwards and inwards (obliquely) to the front of the inner malleolus; this divides everything down to the bone, a semi-lunar incision connecting both ends of the first incision is next made, having its convexity looking forwards and opening well in front of ankle-joint. The foot should then be extended

strongly and a small saw with a movable back applied to the head of the stragalus, and after it has sawn through, the anterior part of the os calcis should be removed; the parts should now be well sponged out, bleeding vessels secured and the parts brought together and comfortably bandaged. The arteries cut would be the Dorsalis pedis artery of the foot, which is the continuation of the Anterior Tibial. The terminations of the external and internal plantar arteries.

ANSWERS OF CANDIDATE No 2.

The Answers were marked by the Examiner as "bad."

Q.—Give the Surgical Anatomy of the Inguinal Canal, and its openings with the relation of neighbouring parts.

A.—The Inguinal Canal runs downwards, inwards and forwards, or anterior above Poupart's ligament, passing through or under the following muscles; transversalis, internal oblique, external oblique, from which are given off the cremaster and inter-columnal fascia, so that oblique hernia is covered by skin, superficial fascia, inter-columnal fascia, cremaster, and fascia transversalis, and the sac-peritoneum. In direct hernia, instead of the cremaster we get the conjoined tendons.

Q.—What are the symptoms of strangulated oblique inguinal Hernia? and state the appropriate treatment.

A.—Patient complains of severe pain referred to part, extending after a while over abdomen, nausea followed by vomiting, first of contents of stomach, then of stercoraceous matter, then we notice hiccups, anxious expression of countenance, coldness of extremities, clammy sweat, constant desire for stool with the non-passage of faecal matter, after the contents below the seat of strangulation has been voided. The patient if not now relieved dies of exhaustion. On examination we find tumours seated in scrotum. We diagnose Hernia by history of case. Impulse on coughing and the symptoms above; the tongue furred and red round edges.

Treatment—If certain it is Strangulated Hernia, the sooner an operation is performed the better. Shave the Pubes and scrotum; place patient on back; give chloroform; make incision about an inch and a half long, longer if necessary, then pick the different layers by forceps, and divide

by knife and director. In case of Hernia, these different layers are difficult to distinguish, but the peritoneal sac is known by its smooth, glossy appearance but it is generally inflamed. It is an advantage not to open the sac unless obliged, on the other hand to return the Hernia still strangulated would be death. If after exposing the Hernia it can't be returned. pass finger up to pillar, guide the director on finger and in the groove of director, the knife, cut directly upwards, not more than sufficient to relieve constriction. Bring parts together and dress with carbolic oil or lotion; give patient full doses of opium, and rest bowels for some days.

Q.—Describe the formation of an abscess in the ischio-rectal fossa and its appropriate treatment.

A.—Patient complains of pain referred to part, rigor followed by fever. Apply warm applications, support strength, incisions and meet complications.

**REPORT OF THE VISITORS APPOINTED TO INSPECT THE FIRST
AND SECOND EXAMINATIONS OF CANDIDATES FOR THE
DIPLOMA OF THE FACULTY OF PHYSICIANS AND SURGEONS
OF GLASGOW.**

Held at Glasgow on the 12th and 13th of August, 1873.

*Visitors:—*AQUILLA SMITH, M.D., Member of the General Medical Council.

HENRY POWER, F.R.C.S.E., Visitor appointed by the Council.

There are two Examinations for this Diploma, which gives the Qualification of Licentiate of the Faculty of Physicians and Surgeons in Glasgow, and confers the right of practising Surgery only.

Before being admitted to the First Examination, "the student must have completed his Second Winter Session of study, and must produce evidence of having passed a recognized Preliminary Examination,* of having been registered as a Medical Student in the form prescribed by the General Medical Council at the commencement of Professional Study, and of having given the required attendance on the first five branches of the Curriculum"—viz., Anatomy, Practical Anatomy, Chemistry, Practical or Analytical Chemistry, and Physiology.

"The First Examination embraces Anatomy, Physiology, and Chemistry;" the "Written part" is "held on the second Tuesday of each month, beginning at 10 o'clock, a.m.," and the Oral Examination at 3 p.m. on same day.

* Embracing the English Language, Latin, Arithmetic to vulgar and decimal fractions Algebra to simple equations, the first two books of Euclid, and at the option of the student—one of the four following subjects—Natural Philosophy, Greek, French, or German.

"The Second Examination embraces Surgery and Surgical Anatomy, Practice of Medicine, Materia Medica, Midwifery, and Medical Jurisprudence, and cannot be undergone before the termination of the full period of study."—"Candidates must produce evidence of having attained twenty-one years of age, and they must have passed the first Professional Examination." The "Written part" is held on the second Tuesday of every month, beginning at 10 o'clock, a.m., and the Clinical and Oral parts on the succeeding day."

"Candidates who have passed the Examination in Anatomy, Physiology, and Chemistry, before any of the Licensing Bodies enumerated in Schedule (A) of the Medical Act, on complying with the regulations in other respects, are admissible to the Second Professional Examination."

"The fee for the Diploma is £10; £4 being payable to the Secretary on entering for the First Examination, and £6 on entering for the Second Examination."

"A Candidate on showing a sufficient reason, may be admitted to Examination on a day specially arranged, on paying an extra fee of £3, which will be forfeited—in addition to the £2 ordinarily retained—in the event of the Candidate being remitted to his studies."

The Examinations we attended were conducted in the Hall of the Faculty of Physicians and Surgeons in Glasgow, on the 12th and 13th of August, 1873. Two Candidates presented themselves for the First and two also for the Second Examination.

On the 12th of August the Written Part of both Examinations commenced at 10 a.m., and the four Candidates proceeded simultaneously, under the superintendence of ALEXANDER DUNCAN, B.A., the Secretary of the Faculty, who exercised a proper supervision in preventing communication between the Candidates.

On the 13th the senior Candidates only were under Clinical and Oral Examination.

In the Written Part of both Examinations, each Candidate was supplied with a card with the printed Questions on each subject of Examination. At the head of the card the time allowed for replying to the Questions was stated, as well as the number of the Questions to which answers were expected to be given.

To each Candidate a sheet or two of ruled paper was also given, headed "Anatomy" or "Chemistry," as the case might be, with a direction to enter his name at the top.

The Questions in Anatomy for the First Examination were as follows:—

1. Of how many portions does the Eighth Nerve consist? State generally their distribution.
2. State the relative position of the branches and vessels of the Lung at the right and left root, and in front of the Spine.
3. Describe the left Ventricle of the Heart.
4. Describe the Popliteal Space.
5. Enumerate the branches of the internal Iliac Artery.

The Candidates were allowed one hour and a half for answering this paper, and three Questions were required to be answered.

At 11.30 a.m. the following Questions on Physiology were presented to the Candidates:—

1. Describe the varieties of Epithelium. Where are they found, and what are their uses?
2. State and explain the Mechanism of Vocalisation.
3. What is Chylification? Where is it performed? What are the exact constituents of Chyle in the bowel?
4. Explain the origin, nature, and precise structure of a false membrane in the Trachea.

For this paper one hour was allowed, and three Questions had to be answered.

At 12.30 p.m. the following Questions on Chemistry were placed before the Candidates:—

1. Explain the difference between a Proto-salt and a Per-salt of Iron, and give the tests for each.

2. What gaseous bodies are Bleaching agents, and how may they be prepared?
3. Give a short sketch of the Chemistry of Human Bile.
4. Give the chemical formulæ for the Subchloride and Perchloride of Mercury, and the decompositions which take place in the preparation of each; give the tests for each.

For this paper an hour, from 12.30 to 1.30, was allowed, and three Questions were required to be answered.

The Written Part for the First Examination lasted from 10 a.m. till 1.30 p.m., and embraced the subjects of Anatomy, Physiology, and Chemistry; the total number of Questions on the three subjects being thirteen, of which nine were required to be answered.

At 3 p.m., the Answers to the printed Questions having been read by the Examiners, the Candidates presented themselves for the *visd voce* Examination. In consequence of the absence of both the Examiners in Anatomy and Physiology, the *visd voce* Examination on these subjects was on this occasion conducted by Dr. JAMES MORTON, who is one of the appointed Examiners in Surgery for the Second Examination. The Examination in Chemistry was conducted by Dr. ROBERT PERRY, one of the appointed Examiners on that subject. The other Examiner was absent.

The Examination of the first Candidate commenced with the subject of Chemistry, of which he exhibited so much ignorance that he was peremptorily rejected, and was not examined on Anatomy and Physiology.

It may be remarked here that by the regulations of the Faculty a rejected Candidate cannot present himself for Re-examination until after the lapse of three months at least.

The Examination of the second Candidate commenced with the subjects of Anatomy and Physiology, and when the Examiner had satisfied himself of the proficiency of the Candidate, he was then examined in Chemistry.

During the Examination on Anatomy, various bones and a dried specimen

of a dissected lower extremity with the large vessels only injected, the arteries and veins coloured respectively red and blue, were in a tray on the table, but none of them were referred to, although in the printed "Regulations" it is stated that "recent dissections, Anatomical specimens, Surgical apparatus, and Pathological specimens, are employed at the discretion of the Examiners."

The Examination on Anatomy occupied about twenty minutes, and that on Physiology five.

The Examination on Chemistry was conducted by Dr. PERRY. Various questions were asked, and four white powders on separate papers were placed before the Candidate, who was asked to apply a single and ready practical means of distinguishing them from each other. He was also asked how to separate Iodine from a solution of Iodide of Potassium. Tests and apparatus were on the table for the use of the Candidate. •

WRITTEN ANSWERS ON THE PRINTED QUESTIONS ON ANATOMY,
PHYSIOLOGY, AND CHEMISTRY, BY THE CANDIDATE WHO PASSED
THE FIRST EXAMINATION.

A N A T O M Y.

[Question 1].—Of how many portions does the Eighth Nerve consist? State generally their distribution.

The eighth nerve consists of three portions: 1, glossopharyngeal; 2, pneumogastric; and 3, spinal accessory. The glossopharyngeal is distributed to the base of the tongue, soft palate, uvula, tonsils, and upper part of pharynx. The pneumogastric gives off branches to the lungs, (pulmonary plexus), heart (cardiac plexus), oesophagus (plexus gulæ), and stomach, as also the recurrent laryngeal to the muscles of the larynx (intrinsic). The spinal accessory divides into two parts, one of which supplies the trapezius, the other goes to join the pneumogastric.

[Question 3].—Describe the Right Ventricle of the Heart.

The right ventricle of the heart is a cavity which lies behind and to the right of the left ventricle. It is composed of muscular fibres of the striated kind. It presents for examination two openings and three kinds of fleshy columns. The two openings are—the right auriculo-ventricular, and the ventriculo-arterial. The former is situated at the base of the cavity, and is behind and to the right of the latter. It consists of three valves, which are attached by their bases to a fibrous ring situated between the auricle and ventricle, while the apices are free, and lie in the ventricular cavity; being composed of three valves, it is called the tricuspid. The ventriculo-arterial opening is situated to the left of the auriculo-ventricular. It is made up of two valves, which are of a semilunar form, attached by their bases to a fibrous ring intervening between the right ventricle and pulmonary artery, while the apices are free and lie in the pulmonary artery. From the form of the valves, they are called the semilunar pulmonary valves.

The fleshy columns are of three kinds: 1st, mere elevations of the muscular substance of the heart; 2nd, attached by their ends to the substance of the heart, while the intervening portion is free and unattached; 3rd, attached by one end only to the substance of the heart, while the other end has upon it the chordæ tendineæ. These chordæ tendineæ are attached to the sides and middle of the tricuspid valves above described, and prevent the regurgitation of blood from the ventricle into the auricle during the contraction of the muscular fibres of the ventricle. The fleshy columns are known as columnæ carnes, and muscoli papillares.

[Question 4].—Describe the Popliteal space.

The popliteal space or ham is lozenge-shaped, and has the following boundaries:—At its upper part it has the tendon of the biceps externally, and those of the semitendinosus and semimembranosus internally; at its lower part the two heads of the gastrocnemius muscle; its floor is formed above by the interval at the back of the femur between the bifurcations of the linea aspera, and below by the popliteus muscle.

The following objects are to be seen in the space:—Popliteal artery with the vein to its posterior and outer aspect, the internal and external popliteal nerves, and a number of lymphatic glands.

PHYSIOLOGY.

[*Question 3*].—What is Chylification? Where is it performed? What are the exact constituents of Chyle in the bowel?

Chylification is that process by which the fatty matters contained in the food are emulsionized or so mixed up with the other constituents as to be easily taken up by the lacteals. This process is carried on in the small intestine, especially in the duodenum, where the pancreatic secretion and bile are poured in, and have a direct tendency to emulsionize the chyme; the process is however continued throughout the small intestine, and the chyle formed while traversing this large extent of surface is taken up by the lacteals. The chyle is a milky substance, being rendered so by the fatty particles which reflect a great amount of light. The proteids which passed out of the stomach unabsorbed are intimately mixed up with the fatty matters; these, therefore, together with starchy matters which are being converted into dextrine and sugar, constitute what is termed chyle.

[*Question 4*].—Explain the origin, nature, and precise structure of a false membrane in the Trachea.

The false membrane is the result of a peculiar kind of inflammation. In ordinary inflammations the mucous membrane of the trachea throws out what is termed mucus, but in this species of inflammation it takes on the character of a serous membrane and throws out lymph which adheres to the parts around, and takes on their form and general outline. The lymph in this case is not of the exact nature of the lymph thrown out in inflammations of the serous membranes, for it is not capable of undergoing organization like the latter; it may therefore be said to be lymph of a low kind, which has been thrown out by the mucous membrane under a peculiar form of inflammation.

[*Question 2*].—State and explain the Mechanism of Vocalization.

The voice is produced by the air forced out by the lungs through the rima glottidis, and is modified by the state of the vocal cords at the time that the air passes over them. If the true vocal cords are in a state of tension we have a high note produced for they are brought so close together as to almost close the aperture of the rima glottidis. The

vibration of the cords produces the different sounds in singing. The state of the vocal cords is modified by the action of the intrinsic muscles of the larynx, which by their actions cause the different varieties of sound, for the vocal cords are thus rendered tense or otherwise.

CHEMISTRY.

[Question 1].—Explain the difference between a Proto-salt and a Per-salt of Iron, and give the tests for each.

A proto-salt is a salt derived from the ferrous oxide of iron, whereas a per-salt is derived from the higher oxide (ferric). The former are magnetic, the latter are not so.

The tests are as follows:—

(a.) Proto-salt: 1, potassic-hydrate gives a green precipitate; 2, potassic-ferrocyanide ($K_4 Fe Cy_6$) gives a light-blue precipitate; 3, potassic-ferrid-cyanide ($K_3 Fe Cy_6$) gives a deep-blue precipitate.

(b.) Per-salt: 1, potassic-hydrate ($K H O$) gives a reddish-brown precipitate; 2, potassic-ferrocyanide gives a sky-blue precipitate; potassic-ferrid-cyanide gives a brown colour; 4, sulpho-cyanide of potassium ($K Cy S$) gives a blood-red colour.

[Question 4].—Give the Chemical formulæ for the Sub-chloride and Per-chloride of Mercury, and the decompositions which take place in the preparation of each; give the tests for each.

The Chemical formulæ for calomel is $Hg_2 Cl_2$ (Roscoe), and of corrosive-sublimate $Hg Cl_2$, $2 H Cl + 2 Hg NO_3 = Hg_2 Cl_2 + 2 H NO_3$.

Tests.—1. Calomel: (a) white powder (not crystalline); (b) NH_4HO gives a black pre[cipitate]; (c) $K HO$ gives a black precipitate; (d) not soluble in H_2O .

2. Corrosive-sublimate: (a) in crystals (minute); (b) $K HO$ gives a yellow precipitate; (c) NH_4HO gives a white precipitate; (d) soluble in H_2O .

[Question 2].—What gaseous bodies are Bleaching agents, and how may they be prepared?

1. Chlorine is used for bleaching purposes. It may be prepared by

adding manganic dioxide and sulphuric acid to chloride of sodium and common salt. $2 \text{ Na Cl} + \text{Mn O}_2 + 2 \text{ H}_2 \text{ SO}_4 = \text{Mn SO}_4 + \text{Na}_2 \text{ SO}_4 + 2 \text{ H}_2\text{O} + \text{Cl}_2$.

2. H Cl gas is also a bleaching agent. It may be prepared by adding sulphuric acid to common salt. $\text{Na Cl} + \text{H}_2 \text{ SO}_4 = \text{H Cl} + \text{Na HSO}_4$.

In reviewing this Examination, your Visitors cannot avoid expressing their opinion that there is room for considerable improvement in the mode in which the proficiency of the Candidates is tested in the important subjects of Anatomy and Physiology. It appears to your Visitors that the principal reason for dividing the Professional Examination into two parts—one including the subjects of Anatomy, Physiology, and Chemistry, the other embracing Medicine, Surgery, Materia Medica, Midwifery, and Medical Jurisprudence—is to enable a high standard of knowledge to be insisted on by the Examiners, since the student is able to give his undivided attention to each class of subjects long enough to acquire a thorough practical knowledge of them.

To ascertain whether the student has made good use of his time, in an efficient Examination, various tests, and a somewhat prolonged inquiry into the amount of knowledge possessed by him, is necessary.

In Anatomy, for example, the different tests that may be adopted are—first, Written answers to questions; secondly, an Examination on the bones and ligaments, and such parts as can be readily preserved; and thirdly, the dissection of a given region by the student himself, on which, and the dissections of others he may show himself able to sustain a good *viva voce* Examination.

Turning to the Examination before us, your Visitors find that whilst the printed Anatomical Questions are perfectly fair and well adapted to test the acquirements of the Candidates, they only represent, so to speak, one branch of a thorough Examination in Anatomy; and they feel that the estimate of the Examiner would have been more satisfactory had the Written Examination been supplemented by a good *viva voce* Examination

on the muscles, bones, and ligaments, and by insisting on each Candidate dissecting some part or region of the body.

It is clear that the object of the above-mentioned division of subjects for Examination is defeated if it be known that a student may pass, who, when asked so large a question as the distribution of the eighth pair of nerves, upon so important a subject as Anatomy, can say all he has to say upon it in eight printed lines (see p. 94).

In like manner in regard to Physiology, your Visitors are of opinion that it is impossible for an Examiner to obtain from one written paper of three questions (for which only an hour is allowed) and a *viva voce* of five minutes, such a knowledge of a Candidate's attainments as shall justify him in passing, though it may be quite sufficient to demonstrate the necessity of rejecting the Candidate.

Your Visitors think that a knowledge of the appearance of the simple tissues under the microscope should be required of every student presenting himself for the First or Primary Examination.

The omission of this, as well as the other shortcomings they have felt it their duty to mention, may in part be attributed to the absence of both the appointed Examiners in Anatomy and Physiology.

The Examination in Chemistry was well conducted, and was quite sufficient to adequately test the Candidate's knowledge on that subject.

The Examination for the SECOND or PASS EXAMINATION was conducted by means of printed questions, in the same hall, by the same method, and simultaneously with the first Examination, on Tuesday, the 12th of August.

The subjects of this Examination were—

SURGERY AND SURGICAL ANATOMY.

From 10 to 11.30 a.m.

1. Describe the surgical anatomy of the Axillary Artery, and mention at what part it would be proper to attempt Deligation.

2. Describe the treatment of a Compound Fracture of both bones of the leg by the antiseptic method.

3. In what cases is Lithotrity to be preferred to Lithotomy? What are the special dangers of the former operation; and how are they to be treated when they arise?

4. Give the history and diagnosis of a Uterine Polypus, and describe its appropriate surgical treatment.

Three Questions to be answered.

PRACTICE OF MEDICINE.

From 11.30 to 1.15 p.m.

1. Mention the Microscopical and Chemical characters of the four chief crystalline Urinary Sediments.

2. State the symptoms and diagnosis of Diabetes; the tests for sugar in the urine; the pathology of the disease as far as is known, and its treatment.

3. What are the chief causes of Dysentery; its symptoms in both acute and chronic cases, and the appropriate treatment?

4. What are the characteristic symptoms of Enteric Fever, and wherein does it differ from Typhus, both as to symptoms and morbid anatomy?

5. Describe the peculiarities of Malarious Fever in its three principal forms, stating the complications which are apt to attend it.

Three Questions to be answered.

The appointed Examiners are Dr. JAMES MORTON and Dr. WM. LYON.

At 1.15 p.m. the Candidates were allowed to leave for an hour, and the Examination was resumed with a paper on

MATERIA MEDICA.

From 2.15 to 3.15 p.m.

1. What is the difference between the action of Cinchona and its Alkaloids?

2. What is Santoninum; how is it prepared; what are its uses, and what its doses?

3. What is Soap used for in medicine? In what compositions does it form an ingredient?

4. Scammonium—from what plant is it produced; what are the characters of the root of the plant; what are the characters of the gum-resin; what is it used for, and what is its dose?

Three Questions to be answered.

MEDICAL JURISPRUDENCE.

From 3.15 to 4.15 p.m.

1. When a dead body is found with a weapon in the hand or by its side, what are the circumstances which would decide whether it was a case of murder or suicide?

2. What is understood by Marsh's or Reinsch's tests for the discovery of Arsenic? Describe the application.

3. What is Ecchymosis? What changes occur from time? Can they be produced after death?

4. What are the symptoms of Oxalic Acid Poisoning? Describe and give tests for Oxalic Acid.

At least Two Questions to be answered.

MIDWIFERY.

From 4.15 to 5.15 p.m.

1. Mention some of the cases in which turning is applicable, and the period and circumstances most suitable for the operation.

2. Mention the cases in which it may be necessary to use the forceps, and describe the manner of applying them.

3. Describe the causes, symptoms, and treatment of Inversion of the Uterus.

their effects asked,—the restoration of drowned persons, the duration and signs of pregnancy, &c.

In the Midwifery Examination also conducted by Dr. SIMPSON, the female pelvis and foetal head were placed before the Candidate, and the several presentations and mechanism of natural labour demanded, &c.

The *vivâ voce* Examination for the Pass Examination in Materia Medica, Medical Jurisprudence, and Midwifery, was sufficiently extensive and varied to furnish a good test of the Candidate's attainments. As both Candidates were rejected, we did not consider it requisite to call for their written answers to the printed papers, which are given above.

In reviewing this Examination, it appears to us that the Examination in Clinical Medicine might be somewhat extended with advantage. A written Report of two or more cases by the Candidate would assist the Examiner in forming his judgment, as it is difficult to avoid putting leading questions to the Candidate when the Examiner aids as it were in the Examination of the patient. More specimens should be shown under the microscope, and pathological specimens might be exhibited.

The Examination on Clinical Surgery was more extended, but we noticed that no instruments were exhibited to the Candidate; that there was no Practical Examination on bandaging, nor on the management of fractures and dislocations; no pathological specimens were shown; and still less was there any attempt made to test the Candidate's knowledge of practical Surgery by the performance of operations on the dead subject.

These omissions in an Examination, professedly intended to give a Surgical Qualification, we cannot but regard as requiring careful attention from the Faculty of Physicians and Surgeons of Glasgow; especially, as in the regulations it is stated, that "recent dissections, Anatomical specimens, Surgical apparatus, and Pathological specimens, are employed at the discretion of the Examiners."

We think it right to mention that the Faculty of Physicians and Surgeons of Glasgow from time to time hold "Special Examinations"

for their Diploma, which we were informed are conducted in exactly the same manner as the Examinations we have reported upon. We append an official Return from the Secretary, Mr. ALEX. DUNCAN, B.A., who has, we take this opportunity of stating, in every way promoted our inquiries most courteously. Of the number of Candidates who have presented themselves for the Special Examinations during the last five years—

In 1868 there were 8 Special Examinations, and 4 remitted.

1869	„	9	„	„	6	„
1870	„	6	„	„	2	„
1871	„	6	„	„	4	„
1872	„	6	„	„	3	„

In 1873, up to the 15th October, there have been five Examinations, and four rejections.

The fee for the Special Examination is £13.

AQUILLA SMITH, M.D.

HENRY POWER, F.R.C.S.E.

VISITATION OF THE UNIVERSITY OF GLASGOW DURING THE
FIRST AND SECOND PROFESSIONAL EXAMINATIONS FOR
THE DEGREE OF M.B.

October, 1873.

Visitors.:—RICHARD QUAIN, M.D., Member of the General Medical
Council,

HENRY POWER, F.R.C.S., Visitor appointed by the Council.

The Professional Examinations at this University, which are conducted in writing, orally and practically, are arranged in three divisions, as follows :—

First Division. Elementary Anatomy, Chemistry, Botany.

Second Division. Advanced Anatomy, Physiology, Zoology, with
Comparative Anatomy.

Third or Final Division.—Materia Medica, General Pathology, Surgery,
Practice of Medicine, Midwifery, Medical
Jurisprudence, Clinical Surgery, Clinical
Medicine.

We attended the First and Second Divisions, commencing on the 14th day of October. The Examinations were held in the large Hall and in the Class Rooms of the New University Buildings, which are well adapted for the purpose.

Tuesday, October 14th.—Fifty-six Candidates presented themselves for the first Professional Examination, which included the subjects of Elementary Anatomy, Botany, and Chemistry.

Candidates are admitted to this Examination at the end of the second year, from the date of their Registration as Medical Students by the General Medical Council; and to the Second Examination at the end of the Third Year.

The Examiner in Anatomy was Professor ALLEN THOMPSON; in Chemistry, Professor THOMAS ANDERSON; and in Botany, Professor ALEXANDER DICKSON.

In the written Examination, each Student had a separate table assigned to him; and the Examiner or his Assistant, or Professor JOHN YOUNG, M.D., the Dean of the Faculty, was present throughout the Examination. We append to our Report copies of the Questions in each subject.

On the First day of Examination the time allowed for answering in writing the Anatomical Paper was from 10 to 11.30 a.m. The Candidates were then dismissed, and desired to return at 1 p.m. to the Examination on Chemistry, which lasted for an hour and a-half. At 3 p.m. the Paper on Botany was given out; for answering which, an hour and a-half was also allowed.

We remarked that the time allowed for writing was not rigorously kept, some of the Candidates continuing to write for half an hour or more beyond others on each subject.

Whilst expressing our approval of the Questions given in the Written Examination as tests of the knowledge of the Candidates, we feel that it would be an improvement were a longer time more systematically devoted to each of the subjects of Examination; and we think that in the Written Examination not more than two subjects should be examined upon in any one day.

Tuesday, October 14th.—We found that on this day a part of the Second Professional Examination was also in progress, for which fourteen Candidates presented themselves; and of these, eight presented themselves for the First and Second Divisions of the Professional Examination together, and six for the Second Division or Examination alone. We were informed that these two Examinations are not usually held on the same day.

The subjects of the Second Examination are, advanced Anatomy, Physiology, Zoology, and Comparative Anatomy. Candidates are admitted to this Examination, as has already been mentioned, at the end of their third year of Study; but any Candidate may, if he prefer to do so, or if he have been rejected at the First Examination, present himself for the First and Second Examinations together, at the end of the Third year of Study.

On this, the first day of the Second Examination, the Candidates were required to answer the Questions on Advanced Anatomy appended to this Report, the time allowed being one hour and a-half, viz. from 11.30 a.m. to 1 p.m.

Wednesday, October 15th—To-day we attended the continued Second Professional Examination, consisting of a Written Examination in Zoology and Comparative Anatomy (Professor JOHN YOUNG being the Examiner), which commenced at 10 a.m. and lasted till 11.45; and of a Written Examination in Physiology (Professor ANDREW BUCHANAN being the Examiner), which commenced at 4 p.m. and lasted till 5.30. We append the Questions on each subject.

In the Examination on Zoology two specimens, either dry or preserved in spirits, were placed before each Student, who was desired to give a general description of them, and to name the class and order to which they severally belonged. Amongst the specimens shown were various examples of Echinodermata, Myriapoda, Mollusca, and Vertebrata.

Thursday, October 16th.—The Examinations on this day were *visd voce* on Elementary and Advanced Anatomy, Chemistry, and Botany.

The Examination in Chemistry was conducted in part by Professor ANDERSON, and in part by his Assistant, Mr. JOHN FERGUSON, M.A.

Various chemical substances were shown to the Candidates, and questions were put upon their characters and combinations, and upon the means to be pursued for their identification in solution or otherwise. A portion of this Examination, consisting of a Practical Examination in Chemistry, at which we were not present, took place yesterday. In this Examination we were informed two salts were given to each Candidate. He was supplied with the appropriate tests, and directed to ascertain the nature of the base, and to state the reasons which led him to his conclusions.

The Examination in Botany was conducted by Professor DICKSON. It included Vegetable Organography and Physiology, the general principles of the Classification of Plants, and the Diagnosis of a limited number of species. Several specimens were placed before each Candidate, who was required to dissect the flower, fruit, &c.

The *viva voce* Examination in Elementary and Advanced Anatomy was conducted by Professor ALLEN THOMSON. The Candidates were examined upon the Bones and upon recent and preserved Dissections. Wax models, plaster casts, and enlarged representations of various parts of the body, were also exhibited. We did not observe that any candidate was called upon to make a dissection, but we were informed that this was sometimes required.

In the *viva voce* Examination upon Anatomy, Chemistry, and Botany every Candidate was under Examination for about twenty minutes upon each subject. We were informed, and we ourselves saw, that the *viva voce* part was made a leading feature in testing the Candidate's knowledge of the several subjects.

At each of these Examinations an Assessor appointed by the University Court was present. These gentlemen, three in number, are appointed annually, and they are selected from among the Fellows of the three following Bodies, namely, the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians

and Surgeons of Glasgow, or are persons otherwise fully qualified in the judgment of the University Court. The Assessors may, and, we were informed, sometimes do, take part in the Examinations.

Friday, October 17th.—On this day we attended the Oral Examination on Advanced Anatomy and Physiology, and on Zoology and Comparative Anatomy for the second Professional Examinations, together with the continued Oral Examination on Elementary Anatomy, Chemistry, and Botany for the first Professional Examination.

The Oral Examination in Zoology and Comparative Anatomy by Professor YOUNG comprised questions on the Structure, Functions, and Classification of the animal kingdom, and it was illustrated by dry and moist specimens and by dissections volunteered by the Candidate.

The Examination was directed chiefly to certain classes specified previously from time to time, but was by no means confined to these classes. On the present occasion the questions had special reference to the Crustacea Myriapoda and Amphibia, as stated in the "Glasgow University Calendar" for 1873, p. 55.

The Examination in Physiology was conducted by Professor ANDREW BUCHANAN, and included questions on various physiological subjects such as the functions of digestion, respiration, and circulation. In view of the fact that no further test of the physiological knowledge of the Candidates is required in the subsequent or final Examination, the Examination on this subject appeared to us to be of too elementary a character, and the knowledge of it possessed by those Students we heard examined was very superficial.

We noticed that no histological specimens were exhibited, and that no evidence of any acquaintance with the practical use of the microscope by putting up specimens or recognizing others already mounted was demanded. We were informed, however, that arrangements are in progress to render this part of the Examination more satisfactory and complete.

We had an opportunity to-day, which we did not have yesterday, of observing the mode in which the practical Examination in Chemistry was conducted, in consequence of a Candidate whose position was doubtful being required to repeat this part of the Examination. The plan adopted was the same as we have described above.

In reference to the subject of Chemistry we desire to remark that although a certain amount of knowledge is necessarily acquired by a Student who is able to identify a single base, no provision appears to be made for instruction in the rudiments of Animal or Physiological Chemistry ; nor is there any special arrangement made, either at this or the following Examination, to test the Candidate's knowledge of this important branch of medical education.

As the Oral Examination of the Students was to be continued for several days, we did not think it requisite to prolong our stay in Glasgow, and we were consequently not present at the meeting of the Examiners for the final determination of the position (whether passed or rejected) of each Candidate ; but the system of marking adopted appears to be that each paper and each Oral Examination had a maximum value of 100 marks attached to it. Candidates who failed to obtain 50 in any subject were rejected unless they exhibited unusual knowledge in some other branch of the Examination.

As the result of our observations we can report that the First and Second Professional Examinations of the University of Glasgow are conducted with extreme care and impartiality, and that they may be regarded as constituting a very fair test of the knowledge of the Candidates in the several subjects upon which they are examined.

The points in which we could suggest improvements are those to which we have already alluded, viz :—

First. That the time allowed for the several Written Examinations should be extended.

Secondly. That the number of the subjects of the Written Examination on a given day, should be reduced to two.

Thirdly. That the Candidates in Advanced Anatomy should be required to Dissect.

Fourthly. That a test of the Candidate's knowledge of Practical Physiology, Histology, and Physiological Chemistry should be adopted.

In conclusion, we desire to state that throughout the Examination every facility was afforded to us for investigating the mode of conducting the Examination. The written answers with the marks assigned to them by the Examiners were placed in our hands during the *virâ voce* Examination of each Candidate; and we have to thank the DEAN, Professor YOUNG, and the Examiners generally, for the readiness and courtesy with which they afforded us complete information on every matter into which we thought it desirable to inquire.

RICHARD QUAIN, M.D.

HENRY POWER, F.R.C.S.

October 1873.

FIRST PROFESSIONAL EXAMINATION FOR THE DEGREE OF M.B.

ELEMENTARY ANATOMY.

1. Give shortly the anatomical characters by which a skull may be determined to be that of a child between six and seven years of age.
2. Describe the Elbow-joint (including the upper radio-ulnar), stating the form of the articular and other surfaces within the joint, the form and attachments of the ligaments, the disposition of the synovial membrane and the movements.
3. Describe the form, position, attachments, and action of the temporal and external pterygoid muscles.
4. Describe the form, position and attachments of the lungs, their connection with the trachea and larger blood-vessels, and their relation to the pleura, pericardium, heart, diaphragm, and bones of the thorax.

FIRST PROFESSIONAL EXAMINATION FOR THE
DEGREE OF M.B.

CHEMISTRY.

1. How do we ascertain whether an element is a Monad, Diad, Triad or Tetrad? Give an example of an element belonging to each class.
2. What is the composition of Tartar Emetic, and how is it best prepared?
3. Describe the reactions by which the presence of ammonia can be most readily ascertained.
4. One hundred cubic centimetres of a solution which had been found to contain common salt, gave, with nitrate of silver, a precipitate which weighed 1.782 grammes. How much salt did it contain?
5. What is the composition of phosphoretted hydrogen, and what is the nature of the compound it forms with hydriodic acid?
6. Describe the reactions by which mercurous and mercuric compounds can be distinguished from each other.

BOTANY.

1. State briefly the structure of a typical vegetable cell. State also the distinction drawn between cells and vessels, and between parenchyma and prosenchyma.
2. Briefly describe the structure of ordinary green leaves; and state on what parts of the plant we frequently find scale-like modifications of leaf-organs.
3. Briefly contrast the typical calyx and corolla as regards appearance, structure, and function. State also in what large section of flowering plants these two envelopes are usually indistinguishable from each other.
4. What is meant by hypogynous and perigynous insertions of stamens, and in what sections of Dicotyledons do they respectively and characteristically occur?
5. Name the natural order of the plant submitted.

SECOND PROFESSIONAL EXAMINATION FOR THE DEGREE
OF M.B.

ADVANCED ANATOMY.

1. Describe the form, position, attachments and relations of the Prostate Gland, and of the Prostatic and Membranous portions of the Urethra, especially in connection with the lateral operation for lithotomy.
2. Describe the origin, course and distribution of the Lingual Artery, and the distribution in the Tongue of its three Nerves.
3. Describe the form, position, immediate relations, and structure of the Crura Cerebri.
4. State the general anatomical distinction between the Vascular and the Secreting Glands, and describe more particularly the structure of a Lymphatic Gland.

PHYSIOLOGY.

1. What are the movements of which the Ribs are susceptible; separately, and as associated with other bones of the Thorax?
2. What are the muscles that produce, respectively, the movements mentioned above?
3. What are the nitrogenous constituents of the Urine; and what are the relations of the urinary excretion to the general process of Nutrition?
4. What is the average number of the arterial Pulse; and how is it affected by age, sex, constitution, exercise and rest, the state of the respiration, and the state of the mind?

ZOOLOGY.

1. Give a description of the metamorphoses of the Frog.
2. State the general characters of the Crustacea, and state wherein they contrast with the Myriapoda.
3. Enumerate the different kinds of appendages possessed by the Lobster.

REPORT ON THE VISITATION OF THE MEDICAL EXAMINATIONS
IN THE UNIVERSITY OF GLASGOW.

Held April, 1874.

Visitors.:—Professor HUMPHRY, M.D., Member of the General Medical Council,

A. W. BARCLAY, M.D., Visitor appointed by the Council. .

THE plan of these Examinations has been given by Dr. QUAIN and Mr. POWER in the Report of their Visitation in October.

We may add that the Examinations are all conducted by the Professors of the University, each of whom examines in his own subject. The Papers of questions before being printed are submitted to the Medical Faculty, who reserve to themselves the right to suggest alterations. Three non-professorial Examiners or Assessors are appointed by the University Court,* their stipend being paid by Government. The appointment is annual; but the same persons have invariably been re-elected, the only changes being those caused by death. They are selected from the gentlemen practising in the town; they act as Assessors to all the Medical and Surgical Examinations, and arrange the work among them as they please. They endeavour to be present at the *viva voce* and the Clinical Examinations,

* The University Court consists of the Rector (Mr. DISRAELI); the Principal (JOHN CAIRD, D.D.); the Dean of Faculties (A. ORR EWING, M.P.); an Assessor, nominated by the Chancellor (R. JAMIESON, D.D.); an Assessor, nominated by the Rector (J. A. CAMPBELL, merchant); an Assessor appointed by the University (A. KIRKWOOD, writer); an Assessor appointed by the Senatus (Sir W. THOMSON).

The three non-professorial Examiners or Assessors are, Dr. JOHN COATS, Dr. J. G. FLEMING, and Dr. ROBERT SCOTT ORR.

each one with a separate Professor. They sometimes assist the Professors by asking questions, and often confer with them as to the number of marks to be assigned. They take no share in the written part of the Examinations. On the whole, their influence did not appear to be very great; and they are less likely to take part in the scientific branches of the Examination than in the practical departments. In the *viva voce* Examinations, it is not possible for them to be always present; so that the several Professors are often obliged to determine the value of the answers without their aid, while each is of course entirely responsible for the written Examinations in his own subject.

The Candidates were all Students of the University, and were, therefore, examined in each subject by the Professor who had instructed them in it, the same person being thus responsible for the teaching as well as for the Examination of the Candidates in each of the subjects.

There may be advantages attendant upon this plan; but on the whole we are of opinion that the disadvantages are greater. The co-ordination of Teaching and Examination, which is a necessary attendant upon it, must to some extent limit the range of both. The stimulus to the Teacher afforded by the knowledge that his Students will be examined by another is wanting. The long continuance of the same Examiners in the same subjects is attended usually with a uniformity in the character of the questions, which the Candidates are not slow to discover and to avail themselves of. And the Examiner is tempted to adapt his questions to the capacity of a Candidate whose previous career as a Student is so well known to him.

Candidates are required, as a rule, to obtain 50 per cent. of the marks assigned to the questions in each subject, as well as 50 per cent. in the *viva voce* Examination, and the same proportion in the Clinical Examinations. In some instances, however, a deficiency (provided it is not below 40) in one subject, is allowed to be compensated for by a higher number of marks in another subject, with the exception of the Clinical Examinations, in which we were informed that 50 per cent. is the absolute minimum.

In the written Examinations, the principle is to set a few questions—three or four—or if more are set, to require only three or four to be answered. The time allowed for each Paper is an hour and a half, or an hour and three quarters; and three papers are set in one day. The plan is not without its obvious advantages. Still as the previous rule reduces the requirement to the answering of one half of these questions, and those necessarily simple ones, in any subject, we think it would be better that the number of questions, and the time allowed for answering them, should be increased. In connection with this point, however, it must be borne in mind that much importance is attached to the *vivâ voce* and the Clinical parts of the Examinations, which are conducted at considerable length and with great care.

FIRST AND SECOND EXAMINATIONS.

These commenced on Friday April 10th, the Written part occupying Friday and Saturday. On Friday, Zoology, at 10; Elementary Anatomy at 12; Physiology at 4; on Saturday, Chemistry at 10; Botany at 12; Advanced Anatomy at 2. They took place in the large Hall, built for the purpose of Examinations; and much precaution was taken to prevent the Candidates copying from one another and from books or papers taken in with them. The *vivâ voce* Examinations were continued for several days subsequently in the Museums; each Candidate being under Examination at least twenty minutes in each subject.

ANATOMY.

In consequence of the illness of Professor ALLEN THOMPSON, the conduct of the Examination was, by the sanction of the Senate, deputed to his senior assistant, Dr. KNOX, who discharged the duties extremely well. Each Candidate, both in the elementary and in the advanced division, was examined upon the bones, upon dried specimens, and upon recently dissected

parts, different Candidates being examined upon different parts, and the parts being changed on different days. The marks assigned for the answers, both written and *visà voce*, appeared to be well judged. One Candidate in the advanced division was required to dissect, but this is not commonly done. The Examination was very thorough and good; and the Candidates generally answered well, and gave evidence of good and careful training. We would only suggest that the requirement of dissection, especially by the Candidates who had shown themselves weak in the other parts of the Examination, would render the Examination a still better test and a stronger stimulus to practical work.

CHEMISTRY.

At the Practical Examination, which we attended on Monday morning, two simple salts were supplied to every Candidate—different salts being, as we were informed, given to each. Various reagents were placed within reach, and he was required to state the metallic base of one of the salts. In doing this he was allowed to make use of the notes which he had himself made of the Professor's lecture, but not to consult any other book. In addition to this a *visà voce* Examination is held, which we also attended, when various substances were shown and questions put respecting their constitution, combinations, &c. The Examinations in Chemistry were conducted by Mr. FERGUSSON, assistant to Professor ANDERSON, who was prevented by illness from being present.

ZOOLOGY AND COMPARATIVE ANATOMY,

By Professor YOUNG.

During the Written Examination specimens of animals were arranged on tables at one end of the room, and each Candidate was required to refer any three of them to their respective classes and orders. In the *visà voce*

Examination, on subsequent days, the animals so referred were made the chief subject of the Examination, moist specimens of them being shown, some dissected; and the Candidates were asked to name the parts and answer questions respecting them. The answers, both written and *vivâ voce*, appeared to be fairly estimated in the marks assigned.

BOTANY,

By Professor DICKSON.

Plants were shown and the Candidates were required to name the several parts and to answer questions respecting them. In the Written Examination also, one plant was given for description, and another to be referred to its class, sub-class, and natural order, the reasons for doing so being required.

PHYSIOLOGY,

By Professor BUCHANAN.

The Examination in this subject was certainly not equal to that in the other branches of study. The questions, both written and *vivâ voce*, did not appear to us calculated to afford sufficient opportunity for testing the knowledge of the Candidates. The answers which we read were for the most part poor, and the value assigned to them as indicated by the marks given was much above their merit. There was no Examination in Practical Histology, and no means, microscopical or other, of ascertaining the practical acquaintance of the Candidates with the subject of Physiology.

It should be mentioned in connection with the conduct of this Examination that there is no special Professorship of Physiology in the University, and that the teaching and Examination in this subject devolve upon the Professor of the Institutes of Medicine.

THIRD EXAMINATION.

The written part of this Examination took place on Monday and Tuesday, April 13th and 14th, as follows :—Monday : *Materia Medica*, at 11 ; Surgery, at 1 ; Forensic Medicine, at 4. Tuesday : Pathology,* at 10 ; Practice of Medicine, at 12 ; Midwifery, at 3. In *Materia Medica*, three out of five questions were to be answered, and a prescription to be written. In Medicine, four questions only out of the five given were to be answered.

We read over six or more answers in each of the subjects, and thought the marks had been fairly assigned.

CLINICAL EXAMINATIONS.

We attended the Clinical Examination in Surgery, by Professor MACLEOD, at the Royal Infirmary, on Friday and Saturday. Dr. FLEMING, one of the Assessors, was present. The Ward in which the Examination took place had been closed from the Students during the Examination, and for some time previously ; but even without this precaution the accession of fresh patients to the Infirmary is sufficient to insure that the cases had not been before seen by the Candidates. Six Candidates were examined each day ; and each was required to investigate and report upon two or three cases, and also to apply apparatus for fracture. Great pains was taken and many questions asked at the bedside ; the time occupied being three hours. The Examination was a very good one, and the knowledge of the several Candidates was fairly estimated by the marks given.

In Medicine, the Clinical Examination was conducted at the Royal Infirmary, by Professor GAIRDNER, assisted by Dr. SCOTT ORR, one of the Physicians to the Infirmary, who is one of the Assessors, and who took

* There is not a Professorship of Pathology in the University. Dr. JOSEPH COATS is appointed to give lectures on the subject ; and he conducts the *videl vocis* part of the Examination, and reads over the answers to the written questions, and assigns the marks. The questions are, however, set by the Professor of the Institutes of Medicine, who feels that this subject, as well as Physiology, falls within his province.

some of the Candidates, thus dividing the work with the Professor. A few of the Candidates were examined by both Professor and Assessor. Dr. COATS was also occasionally present. We attended on the 11th, 13th, and 15th. Six Students were examined each day. Cases were given them to investigate and report upon orally or with the assistance of such notes as they chose to take, and questions were asked respecting the cases at the bedside. Some were required to investigate the cases entirely, and all had to do so more or less, in the presence of the Examiner. The number of cases to be investigated depended upon the proficiency evinced by the Candidate in the first case, much discretion and consideration being shown in this, as indeed in the whole of the Examination. The Candidates were also required to recognize urinary deposits and other morbid microscopical specimens. Each was under Examination about half an hour besides the time occupied in investigating the case or cases by himself. Indeed, the Examination was conducted with great patience and scrupulous care, and the marks were fairly assigned.

VIVÂ VOCE PART OF THE THIRD EXAMINATION.

This part of the Examination was held in the large Hall, and commenced on Wednesday the 15th, at 4 P.M., when we attended. The five Professors who had set the papers on the previous days, were seated at separate tables in different parts of the room ; the Lecturer on Pathology being also present, and sitting with the Professor of Medicine. The three Assessors attended, and moved from table to table.

Five Candidates were admitted, one to each table. At intervals of fifteen minutes a bell was rung, when they, for the most part, changed to other tables, each being required to complete the circuit before he left the room.

In *Materia Medica*, drugs were shown and the Candidates were required to recognize and answer questions respecting them. In *Forensic Medicine* also various specimens of poisonous substances were shown. In *Midwifery*,

the pelvis and foetal head, the model and instruments were upon the table; and the Candidates were questioned respecting them, and upon the practice of Midwifery generally. In Surgery, various parts of the skeleton were shown, and anatomical and surgical questions were asked. In Medicine and Pathology no specimens were shown. The questions, to some extent, had reference to the answers given in the Written Examination which had been previously looked over by the respective Professors.

We were so far satisfied with what we saw of this Examination and with the marks given in it that we did not deem it necessary to remain in Glasgow any longer for the purpose of attending it again. It was to be continued several days from 4 to 6 p.m.

It would, we think, be an improvement if Pathological specimens, Medical and Surgical (some microscopical) were introduced. The Candidates could examine them, and give a short account of them upon paper while waiting their turn for Examination; and thus very little additional time would be required.

We were informed by Professor MACLEOD that an Examination in Operative Surgery was yet to be held by him, in which each Candidate would be required to perform two or more operations on the dead body, to answer various practical questions, and to show knowledge of surgical instruments. But we did not remain in Glasgow long enough to be present.

The number of Candidates at the First Examination was 24; of these 7 withdrew, 9 were rejected, and 8 passed. The number at the Second Examination was 31; of these 2 withdrew, 6 were rejected, and 23 passed. The number at the Third Examination was 43; of these 3 withdrew, 7 were rejected, and 33 passed.

It should be mentioned that "Honours" are awarded to those who obtain 85 per cent. of the sum total of the marks assigned to the three different Examinations; "Special Commendation" is given to those who obtain 75 per

cent.; and "Commendation" to those who obtain 65 per cent. No one is allowed to receive Honours or even Commendation who has been rejected at any Examination, or who has withdrawn from any Examination without previous notice. This year no Honours were awarded, the highest marks attained being only 73.

We append copies of the Papers set in the Third or Final Examination for the Degree of M.B. in this University; copies of those prepared for the First and Second Examinations in October last having been already submitted by Dr. QUAIN and Mr. POWER. We ascertained that no Examination indicating any higher standard of knowledge is passed before taking the Degree of M.D. It must be a subject of regret that the honorary title should be bestowed when a comparatively low standard only has been reached; but it must be borne in mind that the Universities of Scotland have for a very long period been the chief Licensing Bodies for that part of the kingdom, and that, with very few exceptions, the ordinary general practitioner is M.D. of some University. The standard must, therefore, be compared rather with that adopted as a minimum for a Licence to Practise, than that required for an Honorary Degree.

Good as these Examinations are made by the careful and conscientious conduct of them by the Professors, we cannot but feel that the principle of committing the Teaching and Examination of the Students to the same persons in the several departments, so much as is done in this University, is not on the whole a wise one. We believe that the addition of Teachers from other Schools to the Staff of Examiners would be a great advantage; and we believe that this opinion is to some extent shared by the Glasgow Professors. This, we may observe, could be done without sacrificing the benefits which are felt in Glasgow to result from the conduct of the Examination by the Teachers of the Candidates.

We would further suggest, 1st, that the Examination in Physiology should be extended and improved; 2ndly, That dissection should be more frequently introduced as part of the Anatomical Examinations; 3rdly, That the

recognition of specimens of disease should form part of the *vivâ voce* Examination in Medicine and Surgery ; 4thly, That two Examiners should in all cases be present at the *vivâ voce* and Clinical Examinations ; 5thly, That the number of the written questions in each Paper which are required to be answered—in the more important subjects at any rate—should be increased from one and a half to three or four, and that the time allowed for answering them should be at least two hours.

Our thanks are due to the several Professors and Assessors for their great courtesy and the means they most readily afforded us of forming an opinion of the Examinations, in which were included the opportunities of reading the Answers of the Candidates and of knowing the marks assigned for the answers, both in the written and the *vivâ voce* parts of the Examinations. We are also much indebted to Professor YOUNG, the Dean of the Faculty, for the information and assistance he was so good as to give us.

GEO. M. HUMPHRY, M.D.

A. W. BARCLAY, M.D.

THIRD PROFESSIONAL EXAMINATION FOR THE
DEGREE OF M.B.

MIDWIFERY.

1. Describe the changes which take place in the foetal circulation upon the establishment of aerial respiration.

2. Mention some of the more important conditions which may be held to justify the induction of Premature Labour ; and describe the various methods of procedure which have been adopted with that object.

3. Give the symptoms and treatment, under various circumstances, of Rupture of the Uterus.

FORENSIC MEDICINE.

1. Differentiate the symptoms in poisoning by the following substances, viz. :—Oxalic acid, tartar-emetic, arsenious acid.

2. Describe the modes of detecting the following poisons in solid organic tissues :—Copper, antimony, corrosive sublimate, prussic acid, opium.

3. What natural diseases may simulate narcotic poisoning, and how may they be distinguished from the latter?

4. Certain wounds being found upon a dead body, discuss the following questions, viz. :—

(1.) Were they inflicted during life, or after death?

(2.) Were they suicidal or homicidal?

5. Give the characteristics of gun-shot wounds? How do the latter differ from ordinary wounds?

PATHOLOGY.

1. What is the difference in character and mode of development between a pus-corpuscle and one of the white corpuscles of the blood? Do you consider them identical?

2. Can the purulent matter of Small Pox and Syphilis be distinguished from each other, or from laudable pus by any but physiological characters?

3. Distinguish congestion from inflammation?

MATERIA MEDICA.

Three Questions to be answered, and the prescription to be written.

1. Explain and illustrate the various modes in which diuresis is produced by medicinal agents.

2. With what object are emetics employed, in what circumstances are they contra-indicated, and what evils are they liable to produce?

3. Name the preparations of metallic mercury employed in medicine, and state the doses in which, and the purposes for which, they are prescribed.

4. Morphine hydrochloras—preparation—crystalline form, solubility—tests for—dose—effects.

5. Write a prescription in Latin for an expectorant mixture containing three ingredients.

SURGERY.

1. What is the anatomical nature and the function of bursæ, where are those most liable to disease situated, and what are the affections to which they are liable?

2. What are the usual signs of fracture of the base of the skull, how may it be caused, and what can be done for it?

3. What are the pathology and treatment of senile gangrene?

4. What are the nature, symptoms, and treatment of traumatic delirium?

MEDICINE.

(Four questions only to be answered).

1. What are the leading symptoms of pneumonia, and of pleurisy, respectively, and how is the presence of a large fluid effusion in the latter disease to be distinguished from simple pleuro-pneumonia without such large effusion?

2. In pleurisy with large fluid effusion, what special modifications of treatment are required? Give all the necessary details, as far as you can, of the special treatment referred to above (but *not* the general treatment of pneumonia or pleurisy).

3. Indicate the symptoms, diagnosis, and treatment of diabetes mellitus, with details of the proceedings in examining the urine, so as to guide the treatment.

4. What are the special causes, symptoms, general and local, and diagnosis of hypertrophy of the left ventricle of the heart?

5. Treatment of diarrhoeal diseases, including dysentery, but *not* cholera.

VISITATION OF THE EXAMINATION FOR "LETTERS TESTIMONIAL" OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

EXAMINATION OF THE JUNIOR CLASS CANDIDATES.

January 13th, 1874.

• *Visitors*.—AQUILLA SMITH, M.D., Member of the General Medical Council.
HENRY POWER, F.R.C.S., Visitor appointed by the Council.

The Candidates presenting themselves for this Examination are required to be Registered Pupils, and to produce Certificates of having attended three courses of Lectures on Anatomy and Physiology, three courses of Lectures on Practical Anatomy, with Dissections; two courses of Lectures on Chemistry, one on Materia Medica, one on Botany, and one course on Forensic Medicine. They are, therefore, Students who have completed their third year of study. The Candidates are examined in Anatomy, Physiology, and Materia Medica.

The fee for this Examination is five guineas, and, if the Candidate be rejected, he has to pay a further sum of two guineas on applying for re-examination, which he may do at the next Quarterly Examination. The Examiners are gentlemen selected by the Council from such as are not Professors or Teachers in any School of Medicine. They are eligible for re-election, and the office may be held by the same gentleman for many years successively.

LOCAL EXAM. SYSTEM, 1874-1875.

It is necessary that five of the Examiners should be in attendance at each Examination, of whom the senior Examiner takes the chair and regulates the order of the proceedings. The other four are engaged at separate tables in the Examination of the Candidates. At each table a Member of the Council attends in accordance with the By-laws, but takes no part in the Examination.

The Examination we were directed to attend was stated to commence on Tuesday, 13th January, 1874, at 3 p.m. We found, however, to our regret, that an important part of the Examination, that namely in Dissection had taken place on the previous day. We were informed that every Student had been required to dissect for about half an hour, and on examining the subject, we found that the vessels, nerves, and muscles of the axillary space on both sides, as well as those of the right side of the neck had been fairly made out, and that the skin and superficial fascia of the inguinal region and upper part of both thighs had been reflected.

We were given to understand that the performance of actual dissection by the Candidates was an innovation, and was preparatory to certain improvements in the Examination about to be adopted by the Council; but that the Candidates had always been expected to recognize the parts displayed in recent dissections and in moist preparations.

The Examination on the 13th January commenced at 3 p.m., and was held in the Hall of the College. Nine Candidates presented themselves, of whom one was directed to retire, in consequence of some informality in his Schedule.

The Candidates were seated at separate tables, furnished with writing materials, sufficiently distant from one another to prevent communication. Four questions, one given by each of the four Examiners, written on separate slips of paper, were then given out. The Candidates were allowed one hour for answering the four questions, copies of which are here appended.

ROYAL COLL. SURG., IRELAND.

ANATOMY.

R. McDONNELL, M.D., F.R.C.S.I.

Table I.—“Describe the course and relations of the internal carotid artery.”

E. S. O'GRADY, M.B., F.R.C.S.I.

Table II.—“Name the articulations of the palate-bone, and enumerate the muscles attached to it.”

PHYSIOLOGY.

B. WILLS RICHARDSON, F.R.C.S.I.

Table III.—“Into what stages is respiration divisible?”

MATERIA MEDICA.

J. BARKER, M.D., F.R.C.S.I.

Table IV.—“Mention some of the important preparations of ammonia, their uses and doses.”

At the expiration of the hour, that is to say at 4 p.m., the written answers were collected; a Member of the Council took his seat as Chairman, and the Oral Examination then at once commenced.

In this Examination the several Candidates were examined for exactly a quarter of an hour by each of the four Examiners, who sat at separate tables with a Member of Council who had been summoned to witness the Examination. Dr. McDONNELL and Dr. O'GRADY (and for a short time Mr. STOKER in place of Dr. McDONNELL) examined on Anatomy, Mr. RICHARDSON on Physiology, and Dr. BARKER on Materia Medica.

The Candidates were thus examined for fifteen minutes by each of two Examiners on Anatomy, for fifteen minutes on Physiology, and for fifteen minutes on Materia Medica.

Each Candidate, as he presented himself to the Examiner, was asked his name; his written answer was then quickly read over, either by the Examiner or by the Candidate himself, and various questions relating to it and other subjects were asked to test his knowledge.

In the Examination upon Anatomy several bones were exhibited to each Candidate, and questions were asked in regard to the attachment of muscles, the course and relation of vessels, &c.

In the Examination on Materia Medica, several drugs, as the sulphates of copper and iron, manna, chamomile flowers, aconite root, &c., were exhibited, and questions put in regard to their source, composition and preparation, and in regard to their uses and doses. The questions were sufficiently numerous.

At the expiration of each quarter of an hour a bell was sounded by the Chairman, when each Examiner registered the number of marks he assigned to the whole Written and Oral Examination of the Candidate he had been examining, on a voting paper, the maximum number of marks in each subject being 15, and the highest total attainable by any Candidate being consequently 60. This voting paper was taken up by the Member of Council witnessing the Examination, who with the Candidate walked to the next table, where the same proceeding was repeated.

At the expiration of the hour, the Candidates were told to withdraw. The Councillors now in possession of the four voting papers recording the marks of each Candidate, and the Examiners, assembled round the Chairman, who forthwith read out the names of the Candidates in alphabetical order. As each name was mentioned, the Councillor, who had accompanied that Candidate, read out the numbers on the four voting papers he had collected, and these were entered by the Chairman in a Register. The numbers were then added up. If the aggregate number equalled 20 the Candidate was declared to have passed the Examination; if the aggregate number was below 20 he was declared to be rejected.

Of the eight Candidates under Examination, seven were rejected.

Several Members of the Council, besides the Examiners and Councillors engaged in the Examination, were present from time to time, and ten or twelve Licentiates of the College availed themselves of their privilege to be present at the Examination, and occupied seats in the centre of the Hall.

In reviewing the conduct of this Examination, several points appear to be worthy of comment. In the first place we have no hesitation in saying that the time occupied in the examination should be considerably extended. A sufficient interval of time should intervene between the Written and the Oral Examination to allow the Examiners to read over carefully, and to assign a definite number of marks to the written answers. On the present system this is impracticable, since the Oral commences immediately after the Written Examination is completed, and any time spent by the Examiner in reading over the written answers must necessarily be deducted from the time that should be spent on the Oral Examination; a matter of no small importance when only fifteen minutes is allowed for the latter.

It is to be observed that the Candidates who present themselves for this Examination are Students who have completed their *third* year of attendance upon Lectures and Dissection. They may, therefore, reasonably be required to give evidence of the possession of a thorough practical knowledge of Anatomy, and of something more than mere elementary knowledge of Physiology.

We are of opinion that two written questions on Anatomy, and one on Physiology do not afford a sufficiently searching test of a Candidate's knowledge of these important subjects, even when supplemented by an Oral Examination of thirty minutes by two Examiners, and would recommend that a more systematic method of examination should be adopted, several questions being given on each subject, and the Candidates being allowed a sufficient time to reply to them.

In regard to the Oral Examination, the questions were practical and good, and such as every well educated Student should have been able to

answer promptly and fully, whilst much kindly consideration was shown to the Candidates; but we cannot avoid stating that, in our opinion, the quarter of an hour system of Examination at successive tables is not well adapted for adequately testing the acquirements of the Candidate, especially if he be astute, timid, or obtuse. The Candidate needs only to be slow in answering, and it is impossible for the Examiner to go much beyond the surface in the few questions he has time to put, and no opportunity is afforded of ascertaining, by pressing the questions, whether the Candidate's knowledge is the result of a cramming system, or whether he really understands what he has read and seen.

We would further suggest the advisability of introducing, in accordance with the practice of other Examining Boards, a certain amount of Histology into this Examination.

The system of marking in this Examination appears to us to require modification. We have already stated that each of the four Examiners can give 15 marks as a maximum for the answers to the combined Written and Oral questions; whilst an aggregate of 20 marks suffices to pass the Candidate. It would hence appear that it is in the power of any one Examiner, by giving full marks, to almost insure the passing of a Candidate. This we think ought not to be possible. It ought not to be possible, for example, that the Examiner on *Materia Medica*, by giving 15 marks for good answers in his subject, should be able to pass a Candidate who had only obtained three marks from the Examiner on Physiology, and two from the two Examiners on Anatomy.

We noticed that no conference took place between the Examiners in reference to the relative value of the answers given by the Candidates in the several subjects, including both the Written and Oral Examination, nor was any special value assigned to the Practical Anatomy, which by inadvertence as already stated, we had no opportunity of witnessing. It is easy to conceive that cases might arise where a conference would be of much importance in determining whether a Candidate should, or should not pass, though his aggregate number might be a little over or under 20.

We think it right to call attention to the fact that although the "Junior Class Candidates" are required by the By-laws to produce Certificates of having attended two Courses of Lectures on Chemistry, one on *Materia Medica*, one on Botany, and one on Forensic Medicine, no special questions on Chemistry were given during the Examination on *Materia Medica*; and that, with the exception of two or three trivial questions, there was no Examination on either Botany or on Forensic Medicine.

We requested to be allowed to inspect and copy the papers of the Candidate who had passed, but this was declined.

The refusal to give up for a time to the Visitors the Written answers of the only Candidate who passed on this occasion is not of much consequence, as the aggregate marks of the Candidate amounted to only 21, while one who was rejected obtained 19 marks.

The Examination, if the Dissection be fairly carried out, and if the modifications we have suggested be adopted would, we think, prove an efficient test of the Student's knowledge at this period of his career.

AQUILLA SMITH, M.D.

HENRY POWER, F.R.C.S. Eng.

VISITATION OF THE EXAMINATION FOR "LETTERS TESTIMONIAL" OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

EXAMINATION OF THE SENIOR CLASS CANDIDATES.

January 24th, 26th and 27th, 1874.

Visitors:—AQUILLA SMITH, M.D., Member of the General Medical Council,
HENRY POWER, F.R.C.S., Eng., Visitor appointed by the Council.

The Senior Class Examinations for "Letters Testimonial" of the Royal College of Surgeons in Ireland are held quarterly in the months of January, April, July and October, and Candidates are required to produce "Certificates of having attended three courses of Lectures on the Theory and Practice of Surgery; one course of Lectures on the Practice of Medicine, and one course of Lectures on Midwifery; also Certificates of Attendance on a recognized Hospital for three winter and three summer sessions."

The Candidates are "examined in Surgery, Operative Surgery, the Practice of Medicine, and form of Prescription."

The Fee for the Examination is Fifteen Guineas.

The Examination we attended commenced at 12.15 on the 24th January, with Operative Surgery, and was conducted in the Lecture Theatre of the College.

Five Candidates presented themselves for Examination.

The Examiners, four in number, met in the Albert Hall of the College, and each wrote a question on a numbered card, signing his name at the bottom. An additional question was set by one of the Examiners for the fifth Candidate.

The Five Questions were :

M. H. STAPLETON, M.B., F.R.C.S.I.

1.—“Amputate the little Toe with its Metatarsal Bone.”

B. WILLS RICHARDSON, F.R.C.S.I.

2.—“Amputate the Leg in the upper third.”

E. A. STOKER, F.R.C.S.I.

3.—“Ligature the anterior Tibial Artery in its lower third above the ankle.”

R. McDONNELL, M.D., F.R.C.S.I.

4.—“Amputate at the middle of the Fore-arm.”

M. H. STAPLETON, M.B., F.R.C.S.I.

5.—“Amputate the Arm in its middle third.”

The Examiners and the Candidates now adjourned to the Lecture Theatre. The series of cards, with the written questions, numbered from one to five were placed in a Balloting-box, and as each Candidate's name was read out one of the numbered cards was withdrawn ; the Candidate who had thus obtained a particular number was assigned to the Examiner who had written the question on the correspondingly numbered card.

The subject was placed on a table, and on a side table were the various instruments that were likely to be required ; the Candidates were directed to select those they considered to be necessary in the operation they were called upon to perform.

One of the Candidates having failed in the operation he was called upon to perform, was directed to amputate the Breast; and failing in this also, was required to perform the Operation for the radical cure of Hernia.

The Examination in Operative Surgery having been completed, the Examiners returned to the Albert Hall, and the Chairman read out in succession the names of the Candidates. As each name was mentioned the Examiner stated whether that Candidate had satisfied him that his knowledge of Operative Surgery was sufficient to entitle him to proceed to the remainder of the Examination, as it is a By-law of the College that, "any Candidate who fails to acquit himself in Operative Surgery to the satisfaction of the Examiners, shall not be permitted to present himself for the subsequent Senior Class *viva voce* Examination."

Four Candidates were passed, and one was rejected at this stage of the Examination. The question arose whether the rejection of the Candidate who had failed in his Operative Surgery should be final and complete, or whether it should merely subject him to a more stringent Examination in subsequent branches of the Examination. The gentleman who had examined him stated the grounds on which he considered the rejection of the Candidate should be final and complete, and this was acquiesced in by the rest of the Court. The Examination of the whole of the Candidates was completed in thirty-five minutes, and in no instance did the Examination of any one Candidate exceed twenty minutes.

The Examination was witnessed by fifteen or more Licentiates of the College. The President and other Members of the Council attended in the Theatre.

In reporting upon the Examination in Operative Surgery, we have to call attention to the advisability of the Examiners submitting their questions to each other, or to the Chairman, prior to the Examination, in accordance with the By-law of the College (No. 7), in order to secure variety in them.

The 7th By-law, in relation to the Quarterly Examinations, states :—

“The Examinations in Operative Surgery shall be conducted by the four Surgical Examiners who shall meet previously for the purpose of comparing their questions; which shall then be written upon cards, to be deposited in a Balloting-box, from which each Candidate, as called up, shall be required to draw his question and to perform the operations therein indicated.”

In the present instance it will be seen that out of the five operations required to be performed, four were amputations. In three out of the four, the Candidates selected the circular method, and as they were all called in at the same time, it was easy for the less informed Candidates to obtain hints and suggestions for their operations from the proceedings of others, and the incidental remarks of the Examiners.

We are of opinion that in addition to the advantage of preventing the improper acquirement of knowledge in this way, confusion would be avoided, and the Examination would be altogether more satisfactory, if one Student only were called in at a time.

On the present occasion, three Candidates were operating simultaneously on the same subject.

In one or two instances various questions were put to the Candidates sufficiently testing their knowledge of Operative Surgery, but in other instances we are of opinion that this part of the Examination was insufficient, and the operations the Candidates were called upon to perform were not, in all instances, completed. We noticed, for example, that the Candidates were not called upon to take up and tie the vessels or adopt any other measure by which hæmorrhage might be arrested, nor were they required to dress the stumps.

January 26th, 1874.

The Examination in Clinical Surgery was held on this day, and commenced at 4 p.m.

By an arrangement of numbered cards similar to that above described

the four Candidates were assigned to two Examiners, and care was taken that the Candidates were not taken to the Hospital they were attending as Students.

Two were taken to the Adelaide Hospital, the Examiners being Mr. B. WILLS RICHARDSON, F.R.C.S.I., and the attending Councillor, Dr. MAPOTHER, F.R.C.S.I.

Two were taken to Mercers Hospital, the Examiner being Mr. O'GRADY, F.R.C.S.I.; the attending Councillor, Mr. MACNAMARA, F.R.C.S.I.

We together attended the Clinical Examination conducted by Mr. RICHARDSON at the Adelaide Hospital, believing it would be more satisfactory that we should be able to compare the impressions made on our minds by the same Examination, than attend separately the Examination conducted at different Hospitals.

Four cases in succession were shown to each of the Candidates, the gentleman who was first called in, being directed, after having finished his Examination of the Patient to retire to one end of the ward whilst the other was examining the same case.

The four cases submitted to the Candidates, whose Examination we followed, were :—

- 1.—A case of Aneurism of the posterior Tibial Artery.
- 2.—A case of prominent Lumbar Abscess with Morbus Coxæ.
- 3.—A case of Hare-lip complicated with Cleft Palate.
- 4.—A case of Hysteria.

The Examination in Clinical Surgery was strictly limited to the *Ætiology* and *Diagnosis* of the cases exhibited.

No questions were asked as to the various methods of treatment that might be adopted, nor as to the result that might be anticipated, though all the cases seemed to us to afford a fair opening for such inquiries.

No bandaging was required, nor were the Candidates called upon to show the mode in which Fractures should be put up or Dislocations reduced.

In these respects there can be no doubt that this part of the Examination could be made very much more searching and complete, whilst by their omission, the most important means at the disposal of the Examiner for ascertaining the extent and accuracy of the practical knowledge possessed by the Candidate, and of the attention he has paid to his Hospital Studies, were lost.

January 27th, 1874.

We attended the written and *viva voce* Examination held in the Albert Hall of the College. The Written Examination commenced at 3 p.m. There were seven Candidates, four of whom had passed the Examination in Operative Surgery on the 24th, and the Clinical Examination on the 26th; the three other Candidates had passed in these subjects at a previous Quarterly Examination. On this occasion the three Candidates were admitted to Examination "for Letters Testimonial."

The mode of conducting the Written Examinations was exactly in the same order as on the 13th of January, at the Examination on Anatomy, Physiology, and Materia Medica. The Written Examination terminated exactly at 4 p.m., and the *viva voce* Examination of the four Candidates was then immediately commenced.

The six Written Questions were as follows.—

M. H. STAPLETON, M.B., F.R.C.S.I.

1.—Give the symptoms and treatment of *Ititis*.

B. W. RICHARDSON, F.R.C.S.I.

2.—Describe the symptoms and mode of treating Fracture of the lower end of the Radius, known in this country as Colles's Fracture.

E. A. STOKER, F.R.C.S.I.

3.—Give the symptoms and treatment of diseases of Hip Joint in early and late stages, and state for what affections in its first stage it may be mistaken.

B. W. RICHARDSON, F.R.C.S.I.

4.—What is the mechanism of Potts' Fracture, and how would you manage this accident?

When the second set of Candidates were admitted, two questions were substituted for two of the above. These were as follows:—

B. W. RICHARDSON, F.R.C.S.I.

5.—What condition of the cancerous female Breast would contra-indicate its extirpation.

B. W. RICHARDSON, F.R.C.S.I.

6.—What condition of the Spinal Column may lead to its antero-posterior curvature?

In addition, the Candidates were required to write a Prescription in accordance with the following directions:—

CHRISTOPHER FLEMING, M.D., F.R.C.S.I.

7.—Write a Recipe in Latin, and in full without any abbreviation, for an eight ounce mixture, which shall contain chlorate of potash and hydrochloric acid in combination with the yellow cinchona bark. Give the requisite direction for its exhibition in English.

This division of the Examination was also conducted in the same order as on the 13th of January. When four Candidates had been examined for one hour, the Candidates and the Licentiates of the College who were present, retired from the Hall.

The Examiners and the Members of the Council who attended officially

during the Examinations, then assembled round the table at which the senior Member of the Court, Dr. FLEMING, presided. The Chairman had a list of the Candidates, and when he called out the name of one of them, the Member of Council who had charge of the dockets on which the four Examiners had marked their judgments of the replies of each Candidate, announced their numbers, which the Chairman entered in his list, and so proceeded with respect to the other Candidates.

The result of the Examination was as follows:—

Candidates.	Marks.	Total.	Result.
1.	3 3 3 6	15	Rejected.
2.	5 5 5 4	19	Rejected.
3.	5 6 7 8	26	Passed.
4.	6 6 4 4	20	Passed.

A printed form was then filled up, signed by the "Senior Member of the Court," and sent to each of the Candidates, who was informed whether he had "satisfied" the Court.

This proceeding was completed in the course of a few minutes, and the *viva voce* of the three remaining Candidates commenced. No allowance was made for the time occupied in taking the votes on the first four Candidates.

The Judgments were as follows:—

Candidates.	Marks.	Total.	Result.
1.	5 6 6 8	25	Passed.
2.	6 2 5 5	18	Rejected.
3.	4 6 6 7	23	Passed.

The usual Communication was forwarded to each Candidate.

The highest mark obtained by any of the Candidates, in any one subject, was 8, the maximum number for each Examiner being 15.

The Examination in the Practice of Medicine by two of the Examiners, was on Erysipelas, permanent patency of the Aortic Valves, and Hypertrophy of the Heart, Pleurisy and Pneumonia. A few questions were asked on treatment, but it was not possible within the time allowed to each Examiner to give a full or satisfactory Examination on any of the diseases.

In conclusion, we may remark that the good points of this Examination are sufficiently obvious. It combines, in a very appropriate and advantageous manner, a Written, an Oral, a Clinical, and a Practical Examination; and, if efficiently conducted, it is difficult to conceive that any Candidate could pass who had not acquired a thorough knowledge of the foundations of professional attainments.

Its defects, on the other hand, as at present conducted, are no less patent; and we have the less hesitation in referring to them since we have reason for believing that they are recognized by several Members of the Council, and are likely to be in part removed by changes about to be adopted.

No one of the branches of the Examination appeared to us to be fully carried out, and this essentially results from the circumstance that, notwithstanding three days are nominally devoted to it, the whole Examination is conducted in too hurried a manner. The Students are hurried in writing their replies to the questions in the Written Examination, and the Examiners are hurried in reading them; whilst insufficient time is devoted to the Clinical and Operative parts of the Examination, in neither of which is more than a quarter of an hour devoted to the examination of each Candidate.

The Visitors having attended the Examination, held on the 13th January, it became known that they would be present at the Examinations held from the 24th to the 27th of January.

The expected presence of the Visitors did not appear to have had any influence whatever on the conduct of the latter Examination, which may be

regarded as the ordinary mode in which the acquirements of the Candidates are tested.

We make this observation, lest the rejection of seven out of eight Candidates at the first Examination might be attributed to the presence of the Visitors. Of the seven Candidates examined on the 27th January, four had been previously rejected.

As stated in our former Report, we made an application for the written answers of the successful Candidate at the Examination held on the 13th of January, which was declined on the ground that the Examiners did not feel themselves at liberty to give the written answers to the Visitors, without the consent of the College. On the evening of the same day, we addressed a letter to the President and Council, to which we received the following reply :—

(Copy.)

“ Royal College of Surgeons in Ireland,
“ *Dublin, Jan. 22nd, 1874.*

“ DEAR SIRS,

“ I am directed by the President and Council to inform you, that they regret they cannot comply with the request contained in your letter of the 13th instant, inasmuch as it is the practice in this College to destroy the Candidates' papers as soon as the Examiner has read them.

“ I remain, yours, very truly,

“ J. STANNUS HUGHES,

“ *Secretary of Council.*

“ To Drs. POWER and SMITH.”

At the second *visd voce* Examination, on the 27th January, we gave verbal notice to the Examiners that we should ask for the written answers, and at the same time requested that the Papers might be preserved. Our application was not acceded to, and before we left the Hall we placed in the

hands of the Registrar a formal letter, addressed by us to the President and Fellows, to which we received the following reply :—

(Copy.)

“Royal College of Surgeons in Ireland,

“*Dublin, Feb. 6th, 1874.*

“DEAR SIRS,

“I beg leave to inform you, in reply to your letter of the 27th ulto., that the President and Council of this College will afford every facility to the Visitors of the General Medical Council to inspect the written answers to Examination Questions at the time of the Examination ; but it has not been usual in the College to preserve these papers, or to submit them to subsequent inspection.

“I remain, yours very truly,

“J. STANNUS HUGHES,

“*Secretary of Council.*

“To Drs. SMITH and POWER.”

We think it right to draw the attention of the General Medical Council to this subject, and to submit the letters we have received to their judgment ; since, on the one hand, in the visitation of the Queen's University, Ireland, and of the Examination of the Faculty of Physicians and Surgeons of Glasgow, the written answers of the Candidates were given to the Visitors without hesitation ; and on the other it must, we think, be admitted that the supervision of the written papers, by the visitors, is by no means a subordinate part of their duty. We felt that we ought not only to hear the answers read over by the Candidate or the Examiner, when only fifteen minutes is allowed both for considering their value, and for conducting the *viva voce* Examination of each Candidate ; but to peruse them at leisure and to state whether, in our opinion, the marks awarded by the Examiners are such as to show that due care has been taken in each case, to weigh their merits or defects.

AQUILLA SMITH, M.D.

HENRY POWER, F.R.C.S. Eng.

**REPORT ON THE VISITATION OF THE MEDICAL EXAMINATIONS
IN THE QUEEN'S UNIVERSITY, IRELAND.**

Held June 1873.

Visitors:—Professor HUMPHREY, M.D., Member of the General Medical Council,
HENRY POWER, F.R.C.S. Eng., Visitor appointed by the Council.

The Queen's University in Ireland was founded and incorporated by Royal Charter in 1850. It consists of a Chancellor, Senators, Secretary, Professors, Graduates, and Students. It is empowered to grant all degrees and honorary distinctions conferred by any other University in Great Britain and Ireland, except a degree in Theology, to Students who have pursued a regular course of study, either wholly in one or more of the Colleges of the University, or part of it in other places and ways expressly permitted by the Charter. The Colleges in connection with the University are Queen's College, Belfast; Queen's College, Cork; and Queen's College, Galway. The Medical degrees given at this University are those of Doctor in Medicine, and Master in Surgery. There is also a Diploma in Midwifery.

The Examinations for the Degree of M.D. are two, a "First" and a "Final" Examination.

The Candidate for the Degree of M.C. is required to pass an Examination in Operative Surgery in addition to the two Examinations for M.D.; and the Candidate for the Diploma in Midwifery is required to pass an Oral Examination in the practice of Midwifery, and the use of obstetrical instruments and appliances, in addition to the two Examinations for M.D. Thus both the Master in Surgery and the Licentiate in Midwifery must have passed all the Examinations required of the Candidate for the Degree of Doctor in Medicine.

The Examinations are held in June and September. Those in June are simply Pass Examinations, whereas in September there are, in addition to the Pass Examinations, Honour Examinations for M.D. The Candidates at this period for the "First" or the "Final" Examination, who are thought worthy, are recommended for Honours, and are allowed to present themselves, in each case, for a higher or Honour Examination, and, according to the aggregate of marks attained in the Pass and Honour Examinations, are arranged in their classes. Two Exhibitions, of the value of £40 and £30 respectively, are offered to the Honour Candidates in the "First" Examination; and in the "Final" the Candidates who take a first class receive a gold medal and a prize each; those who take a second class receive a prize; and those who take a third class receive a certificate of Honour. We were informed that this plan is found to work extremely well, and that the greater number of Students—of the more industrious and better informed Students especially—reserve themselves for the September Examinations.

The Curriculum of Study extends over four years, and is divided into periods of two years each.

It is recommended by the Senate that the first period should comprise attendance on Lectures on Chemistry, Botany and Zoology, Anatomy and Physiology, Practical Anatomy, Materia Medica and Pharmacy; also Practical Chemistry, and six months Hospital Practice. It is recommended that the second period should comprise attendance on Lectures on Anatomy and Physiology, Practical Anatomy, Surgery, Midwifery, Medicine, Medical Jurisprudence; also three months Practical Midwifery in a Hospital or Dispensary, and eighteen months Hospital Practice.

During one of the periods the Candidate must have attended, in one of the Queen's Colleges, Lectures on a modern Continental Language, on Experimental Physics, and two courses of Medical Lectures.

The Written Part of the Examinations, with some of the Oral Examinations, are conducted at the Castle, Dublin.

Each Candidate has a separate table, the tables being at sufficient distance to prevent copying. The Examiners are required to be present, and indeed, are usually occupied during the time in the Oral Examination of the Candidates. No Candidate is admitted after any Candidate has left the room, nor after half-an-hour has elapsed ; and no Candidate is allowed to absent himself from the room for any purpose without a porter being in attendance. The answers are written in books, which must be given up without mutilation, in order to prevent the Candidates from communicating with one another by slips of paper. Notwithstanding these precautions, and the presence of Mr. STONEY, the Secretary, who exercised unusual vigilance, instances of communication between the Candidates occasionally occur, and were observable. We mention this rather to indicate the great difficulty of conducting an Examination satisfactorily, than to criticise the conduct of the Examination in this instance, which appeared to us to be particularly good.

The Oral Examinations, which take place while the Written Examinations are going on, are conducted by the several Examiners, sitting apart ; each calling up Students in succession, showing him objects in most instances, and asking him questions for about ten minutes.

The Practical Examination in Anatomy, and that in Operative Surgery, are conducted at the College of Surgeons, in the dissecting room and theatre. The Clinical Examinations are conducted in the Hospitals and Union Houses, the precise place in which each Examination is to take place not being made known to the Students till the morning of the Examination.

The Examiners in Anatomy and Physiology, in Chemistry, Botany, Zoology, Modern Languages, and Experimental Physics, are the Professors of the three Colleges, and are therefore permanent Examiners. The three Professors of the three Colleges act together as Examiners in each subject. Those in Midwifery, Medicine, Surgery, Medical Jurisprudence, and *Materia Medica* (there is only one in each) are appointed by the Senate, and hold office for two years.

When there is more than one Examiner in any subject, a certain number of questions are set by each Examiner; and the questions before being printed are sent to one of the Examiners who acts as secretary to the others, and who thus has the opportunity of correcting any mistake, and of preventing the repetition of the same or a similar question in the paper. Beyond this there is no communication or conference between the Examiners respecting the questions. The questions are ranged under the names of the Examiners who have severally set them, and the answers to the questions of each Examiner are looked over, and the marks assigned, by that Examiner. By this means, no doubt, trouble and time are saved, and we did not observe that any evil resulted from it. Nevertheless the plan is open to objection; and we think it would be better and safer if the questions were submitted to all the Examiners before they were set, and if the answers were looked over by more than one Examiner. In the instances in which there is only one Examiner in any subject, the questions, written and *viva voce*, are all given, and the answers are looked over and estimated by him. Moreover the clinical and practical part of the Examination is conducted by him. This also we think is open to objection. In subjects of so much importance as Medicine, Surgery, and Midwifery, at least, we are of opinion that the entire Examination in any one should not be conducted by one Examiner only.

The only fee for the Degree of M.D. is £5, which is paid when the name of the Candidate is entered for the Final Examination. A fee of £5 is paid on entrance to the Examination for M.C.; and a fee of £2 on entrance to the Examination for the Diploma in Midwifery. These fees are not returned in the event of the Student failing to pass; but no further fee is required when he presents himself again for Examination.

The Candidate for a Degree or Licence must have passed the Matriculation Examination in Euclid, Algebra, Greek, Latin, and English, at one of the Colleges. He is recommended to do this prior to entering on the second period of his Curriculum. We were informed by the Secretary that, as a fact, nearly all the Students pass this Examination before

commencing their medical curriculum. It has not hitherto been absolutely required that they should do so, because some commence their medical studies in Schools not connected with the Colleges, and do not matriculate at the Colleges till the second or third year of their Curriculum. In nearly all such cases, however, it is to be remarked that the Student has passed a Preliminary Examination recognized by the General Medical Council before commencing his Professional Curriculum in these Schools. It is, however, to be regretted that a more definite rule on this subject has not been made by the University; and there seems no good reason why it should not be done.

THE FIRST EXAMINATION FOR M.D.

The Candidate may present himself after the first period of the Curriculum, and after having completed the course of study recommended for it.

The Examination is in the subjects of study recommended for this period, namely—Chemistry, Botany, Zoology, Anatomy and Physiology, Practical Anatomy, Materia Medica and Pharmacy, also Modern Languages and Experimental Physics. The last two subjects however do not form a necessary part of the First Examination; they may be postponed till the Final Examination, or the Student may pass in them without passing in the other subjects; or he may pass in the other subjects without passing in them. Moreover the Student is excused from the Examination in Botany or Zoology, or both, if he has passed in either or both of these subjects in the Examination for the Arts Degree. Still, some of the Candidates presented themselves for Examination in all the subjects; and the greater number presented themselves for Examination in all the subjects except Modern Languages and Experimental Physics. These, obviously, are too many subjects for one Examination; and the difficulty of preparing well in so many, explains, in part at least, the large proportion of rejections at this Examination. It is felt to be an evil by both the Students and the Teachers, as well as by the Examiners. Accordingly, a Memorial from the

Belfast Students that they should be allowed to present themselves for Examination in Modern Languages, Experimental Physics, Zoology, and Botany, at some time prior to the First Examination, has been approved by the Councils of the three Colleges and by the Board of Examiners for M.B.; and it lies for the consideration of the Senate. The proposed alteration would, we think, be a great improvement.

There were, on the occasion of our visit, 67 Candidates for this Examination.

Part of the Examination, consisting of the Dissections, with Practical Oral Examination, had taken place previously to our arrival. This we understood was conducted in the same manner as the corresponding part of the Final Examination, at which we were present, in the dissecting room of the College of Surgeons (*see* our Report upon this).

Monday, June 16.

We attended the Written Examination in Anatomy in the morning, and in Physiology in the afternoon, each being of three hours' duration. The Examiners, being engaged at the College of Surgeons in conducting the Dissections and the *virâ voce* part of the Final Examination, were absent by special permission of the Senate, and the superintendence of the Examination was assigned to Mr. STONEY, and was efficiently carried out by him.

Each paper contained six questions, two being set by each of the three Examiners, and three hours were allowed to answer it. Three folio books were given to each Student in order that the answers to the questions of the several Examiners might be kept separate; and each Candidate wrote his name and number on each folio. A similar plan is pursued in the other instances in which there are more than two Examiners.

There was no Oral Examination, and we remarked that there was no Examination in Histology or Practical Physiology.

Tuesday, June 17.

In the morning, from 9.30 to 12.30, there was a Written Examination in *Materia Medica*. During the time, Dr. GRIMSHAW, the Examiner, called up and questioned the Students separately. Specimens of drugs were shown to each, and he was asked to name them, also to state whence they were derived, their properties, pharmaceutical preparations, and doses.

In the afternoon the Examination was in Modern Languages.

Wednesday, June 18.

In the morning the Examination was in Zoology, and was conducted by the three Professors of the three Colleges. The paper consisted of six questions, two by each Professor. The Student is allowed to select between the two groups of Vertebrate and Invertebrate animals, and his Examination may be confined to either group. In the *visd voce* Examination, each Student was asked with which class of the group selected he was most familiar, and the questions were for the most part confined to that class. No specimens were shown.

In the afternoon the Examination in Botany was conducted in a similar manner and by the same Professors as that on Zoology. The Examination included the general principles of the structure and classification of plants, and a practical acquaintance with certain specified natural orders, of which specimens were shown and the Students examined upon them.

The knowledge shown by the Students in the *visd voce* Examination, both in Zoology and Botany, was imperfect, and impressed us with the feeling that the Examination in these subjects should take place at an earlier period of the Student's career, so as to diminish the number of subjects at this Examination.

Thursday, June 19.

In the morning the Examination in Chemistry was conducted by the

three Professors of the three Colleges. There is no Schedule, but the range of Examination is practically limited by the lectures of the Professors. The Candidates were not submitted to any practical test.

In the afternoon the Examination was in Experimental Physics, conducted by the Professors of the three Colleges. The questions in this subject and in Chemistry were practical and well chosen; but there were no practical means of testing the knowledge of the Candidates. In the *viva voce* part of the Examination, questions on the following subjects were put to each Candidate:—1, Boyle's Law with regard to Gases; 2, the Thermometric Scales; 3, Specific Heat; 4, the charging an insulated Body with Electricity by induction.

FINAL EXAMINATION FOR M.D.

The Student may present himself for this Examination at the completion of his course of Medical Study.

The subjects are those recommended for study during the second period of the Curriculum, namely—Anatomy and Physiology, Practical Anatomy, Theory and Practice of Surgery, Midwifery, Theory and Practice of Medicine, Medical Jurisprudence; also a Modern Language, and Experimental Physics, unless an Examination in these subjects shall have been passed at the First Examination. Of the 24 Candidates at this Examination, 10 presented themselves for Examination in a Modern Language, or Experimental Physics, or in both. Some of these had failed in one or both of these subjects at the First Examination, and some had deferred presenting themselves in these subjects till the Final Examination. Of the ten who now presented themselves for all the subjects, three failed in the Modern Language and Experimental Physics, but passed in the other subjects. It was accordingly recommended to the Senate by the Examiners that they should be regarded as having passed the Final Examination, but that the Degree should be deferred till they had passed in the two subjects in which they had now failed.

The Written and *ried voce* parts of the Final Examination in Surgery and Midwifery, and the Written part in Anatomy and Physiology, had taken place before we arrived in Dublin.

Monday, June 16.

The day was occupied (from 9 a.m. to 6 p.m., an hour's interval being taken for refreshment) with the practical Anatomy, at the dissecting room of the College of Surgeons.

The Examination in Practical Anatomy conducted by the three Professors of the three Colleges is in three parts:—1st. A portion of the body is assigned to each Student to dissect during two hours; 2nd. He is examined on the parts which had been dissected by others, as well on those dissected by himself; 3rd. He is examined in Osteology. The Examination was conducted in a remarkably thorough, searching, and efficient manner. For instance, one Candidate, who had dissected the axilla, was examined successively on the upper part of the thigh, the digastric triangle of the neck, the outer side of the leg, the bend of the elbow and the upper arm, the posterior wall of the abdomen and thorax, and the cranial cavity, as well as upon the axilla which he had himself dissected. He was then examined on the superior and inferior maxillary bones, the tibia, fibula, and patella.

The Oral Examination on the bones and on the dissections was conducted by the several Examiners separately, the pupils as a rule not being questioned by the Professor of their own College. The value of the dissections was estimated by the three Professors together.

The relative value of the three parts of the Examination was estimated as follows:—The highest number of marks for Dissection was 3; for the oral examination on the dissections, 5; and for the oral examination on Osteology, 4.

There was no Examination in Histology or Practical Physiology.

Tuesday, June 17.

The Clinical Examination in Surgery was commenced by Mr. BARTON, at the Meath Hospital. He selected eight patients, assigned one to each Student, and allowed him about ten minutes to make a diagnosis. He then questioned the Student upon the nature of the disease, the treatment, the reasons upon which his opinion was founded, and other points connected with the case and the disease. This occupied about ten minutes in each instance. Other Students were then admitted and went through the same process. The Examination was public, that is to say, other Students who were not under examination were present during part, at least, of the time. It was well conducted; and we think it might with advantage be extended so that each Student should have the opportunity of examining at least three cases; and this might be done without occupying much more of the time of the gentleman conducting it.

In the afternoon the Examination was in Modern Languages and Experimental Physics.

Wednesday, June 18.

The Written and *vivâ voce* Examination in Medicine was conducted by Dr. COLAHAN, Professor of Medicine in Galway, but appointed by the University for this purpose. The *vivâ voce* part of the Examination, which occupied two out of the three hours, had been completed before we left the room in which the "First" Examination was proceeding.

In the afternoon, the Written and *vivâ voce* Examination in Medical Jurisprudence was conducted by Dr. DAVY. In the Oral Examination the questions, which were varied, were good, and generally well answered. It occupied more than the three hours allotted for the paper, and had to be continued on a subsequent occasion.

Thursday, June 19.

The Examination in Clinical Surgery was continued at 9 a.m., by Mr. BARTON, at the Adelaide Hospital. Bandaging, and the application

of apparatus was introduced ; and a Candidate who failed in one case was directed to examine another.

At 10 a.m. the Clinical Examination in Medicine was commenced at the South Dublin Union,* by Dr. COLAHAN. Four cases had been selected, and the Students were directed to examine them in succession. Each Student examined two cases, and wrote out his diagnosis, with the history and symptoms of the cases, and the treatment he would suggest. No questions were asked, and the papers were subsequently looked over and the marks assigned. It appeared to us that this method might well be combined with that adopted in the Examination in Clinical Surgery.

The Examination was continued on Friday in the same place and manner.

This part of the Examination impressed us very strongly with the opinion that two Examiners should be associated, and should act together ; because, among other reasons, in the investigation of patients there is not unfrequently room for some difference of opinion, and it is not right that the judgment respecting the case and the Student should devolve entirely upon one person.

EXAMINATION FOR THE DEGREE OF M.C.

This, which consists of an Examination in Operative Surgery, was conducted on Friday morning at the College of Surgeons, by Mr. BARTON. Instruments were shown, and their uses asked ; each Candidate was then required to perform one or two operations on the dead body. In this, the Candidates showed, for the most part, a good knowledge of Anatomy, which prevented great errors ; but they gave evidence that they had not received much instruction in Operative Surgery, or had many opportunities of performing operations on the dead body.

* This Institution was selected because the patients are here more secluded, and there is less opportunity for the Students to have access to them, before the Examination, than in an Hospital. The cases, however, are on the whole less suitable for Clinical Examination than Hospital cases.

EXAMINATION FOR THE LICENCE IN MIDWIFERY. .

This was conducted by Dr. MADDEN, at his own house, on Friday. Instruments and apparatus were shown, and their uses were asked ; and the Candidate was required to demonstrate some of the common operations in Midwifery on a model. Other questions were asked, bearing on the treatment of patients before, during, and after delivery. Those Candidates at whose Examination we were present showed considerable proficiency.

On Saturday, the 21st, we attended the final meetings of the Board of Examiners for the First and the Final Examinations for the M.D. Degree.

The method pursued in arriving at a decision is peculiar, and is evidently the result of very careful consideration.

The highest mark assigned for any question is 4. Each Examiner is provided with a printed paper containing the names and numbers of the several Candidates, and columns for entering the marks assigned by him for answers to his paper, or in his subject. In those subjects in which there is more than one Examiner, the Examiners (who form a Board of Examiners in each of these subjects) meet and determine whether the Student is passed, or rejected, or doubtful in each subject. If he is passed, it is considered whether he deserves additional marks ; and the ascending scale of these is indicated by the following terms : " Pass + 1 " ; " Pass + 2 " ; " Pass + 3 " ; " Third Class " ; " Third Class + 1 " ; " Third Class + 2 " ; " Third Class + 3 " ; " Valde " ; by which latter term is understood very unusually good. If the Candidate is doubtful, the words " if " or " unless " are employed ; the former indicating that he may be passed if he has satisfied the Examiners in other subjects. The word " unless " indicates that he is to be rejected unless he has shown such knowledge in the other subjects as may be considered to compensate for his deficiency in this. In the subjects in which there is only one Examiner, the same is done by

him. The several sheets thus marked are sent in to the Secretary, and by him pinned together, so that the result in the several subjects in the case of each Student can be quickly read off.

The whole body of Examiners then meet, and each is supplied with a printed sheet containing the numbers of the Candidates, and a column for each subject of the Examination. The Secretary reads aloud the results of the decision of the several Boards and Examiners, which is entered by the Examiners on the paper before them. They thus have in one line, and can see at a glance, the position of each Student in the several parts of the Examination. By this means a considerable number are, at the first scrutiny, at once passed or rejected. The remainder are separately considered, a discussion, perhaps, ensues, and a vote is taken; a clear majority deciding the fate of the Student. In this vote the relative importance of the several subjects has much weight, so that an absolute rejection in a minor subject may be over-ruled by high marks in others. A double rejection, however, or a rejection in one subject with doubtful marks in another, was fatal.

It should be observed that in the First Examination a rejection in Modern Languages and Experimental Physics did not necessitate a rejection in the Examination. If the student had done well in other subjects he was passed in them, and could present himself for Examination in these at the Final Examination. In the Final Examination, as already observed, three Candidates had failed in the Modern Language and Experimental Physics alone, and it was recommended to the Senate that they should be considered to have passed the Examination, but should be again Examined, and satisfy the Examiners in these subjects before they were admitted to the Degree.

Of the 67 Candidates who on this occasion presented themselves for the First Examination, 31 were passed, 33 were rejected, and 3 withdrew.

Of the 24 who presented themselves for the Final Examination, 17 were passed, 5 were rejected, and 2 withdrew.

We learned from the Secretary's books that in June, 1871, at the First Examination, 12 Candidates were rejected out of 47, 1 withdrew, and 1 was dismissed ; at the Final Examination 7 were rejected out of 37. In June, 1872, at the First Examination, 27 were rejected out of 67 ; and at the Final Examination, 8 were rejected out of 43. In September, 1873, at the First Examination, 37 were rejected out of 83, and 1 withdrew ; and at the Final Examination 9 were rejected, out of 33, and 1 withdrew.

The method of determining the merits of the Candidates just described presents many advantages ; and on the occasion on which we were present it appeared to work remarkably well.

The Written Answers of the Candidates were supplied to us after they had been read over and estimated by the Examiners. We read over several, and compared our estimate with that of the Examiners ; the decision arrived at by them appeared to us in every case to be perfectly fair and satisfactory. We did not observe any instance of a Candidate being passed, who, in our opinion, deserved to be rejected.

GENERAL REMARKS.

It will have been observed that the Professors of the Colleges are *ex-officio* Examiners in most of the subjects of the First Examination, and in the Anatomy and Physiology in the Final Examination. In the instances in which this is so, the three Professors of the three Colleges act conjointly in their several subjects. So that a Candidate is never examined by his own teacher alone ; and it is commonly arranged that the Oral Examination is conducted by the Professor of one of the Colleges to which the Student does not belong. The Examination appeared to be conducted in all the subjects with perfect fairness, and, though we directed our attention carefully to this, we did not discover any evil to result from the plan. Nevertheless, we are aware that it is liable to objection, and we believe that the principle of changing the Examiners, or some of them, at stated periods, is a

good one. It acts as a stimulus to the teachers as well as to the pupils; and there can be no doubt that Examiners after a time do commonly fall into a routine method of setting questions which the Students and their private Tutors are very quick to discover. The advantages which are felt to accrue from the Examinations being conducted by the teachers, which are strongly insisted on by some of the Professors, and which must not be overlooked, may, probably, be attained in other ways.

The following are the further alterations that we would suggest:—

1. The appointment of additional Examiners, so that, in the Clinical Examinations, at any rate, not less than two Examiners should be engaged and acting together.

2. That the questions set in any particular subject should be submitted to the several Examiners in that subject before they are printed.

3. That the Oral Examinations in Zoology, Chemistry, and Experimental Physics should be made more practical by means of specimens, objects, and analytical tests.

4. That Modern Languages should not form part of the Medical Examinations, and that Students should have the opportunity, at any rate, of presenting themselves for examination in some of the preliminary Medical subjects (Experimental Physics, Chemistry, Zoology, Botany,) at an earlier period and separately from the subjects of the First Medical Examination.

5. The Degree of M.D. is, in this University, given immediately after the Final Examination. The practice followed in other Universities of granting the M.B. Degree with the Licence to Practise, at this period, and of reserving the M.D. till a later period, seems to us preferable. By this means opportunity is afforded of requiring some evidence of a continued pursuit of the science, and of an advance in the knowledge of the profession.

The introduction of Anatomy and Physiology as parts of the Final Examination appears to us to form a very valuable and important feature in the system of this University. A knowledge of these subjects, so essential to the successful practice and the scientific pursuit of Medicine, can, as a rule, be obtained only during the period of Student life. When the Examination in them is confined, as is usually the case, to the Primary Examination, these subjects are studied only for a short period, and at a time when their practical bearings can be but insufficiently appreciated by the Student. They are hence liable to be soon forgotten. This—which is felt by many teachers to be a serious evil attendant upon the system now commonly followed, of completing the Anatomical and Physiological Education and Examinations at the end of the second year of the Medical Curriculum—is avoided in the Queen's University by repeating the Examination in these subjects at the close of the Curriculum. There can be little doubt that the practitioners who have passed through this ordeal in the Queen's University, will retain a more than average amount of knowledge of Anatomy and Physiology. It did not appear that the effort of keeping up the requisite knowledge of these subjects interfered with the proficiency of the Students in what are regarded as the more advanced subjects; for the Candidates were, for the most part, well prepared in these also. Rather more difference might, we think, with advantage be made in the two Examinations than was done; that is to say, the points in Anatomy and Physiology which have a practical bearing on the diagnosis and treatment of disease, might be more particularly insisted on in the Final Examination; but the principle of including these subjects in that Examination, and requiring a thorough knowledge, contributes to give a high character to the Medical Degree of the Queen's University.

Another feature which must, we conceive, contribute to the same result, and prove an important agent in raising the standard of Professional Education, is the institution of honour classes in connection with the Examinations which are held in September. The estimation in which

this is held by the Students is sufficiently evinced by the fact that the greater number reserve themselves for the September Examinations.

It is with much pleasure that we are able to report so satisfactorily of the Medical Examinations in the Queen's University. Though there are some points which, in our opinion, might be altered for the better, there are others which seem to us well worthy of imitation.

We desire, in conclusion, to express our sense of the courteous and friendly manner in which we were received by all the Examiners; and our thanks are especially due to Mr. STONEY, the Secretary, for the great assistance which he rendered us, and the facilities which he afforded us, often at much trouble to himself, of witnessing every part of the Examination.

GEORGE M. HUMPHRY, M.D.

HENRY POWER, F.R.C.S. Eng.

QUEEN'S UNIVERSITY IN IRELAND EXAMINATIONS.

Appended are the questions at the Final Examination for the M.D. Degree, with verbatim copy of the answers of one of the Candidates whose marks were amongst the lowest, being in Medicine "if"; in Surgery P; in Midwifery P₂; in Medical Jurisprudence P₁; in Anatomy P; and in Physiology P.

WRITTEN EXAMINATION IN ANATOMY.

Professor CORBETT, M.D.

1. Mention the method of Dissection which you would pursue in order to expose the entire Inguinal Canal, and the part of the Spermatic Cord included within it; afterwards state the boundaries of this passage and the processes of fascia successively brought in view; briefly explain the vascular relations.

2. Describe the commencement, course, and connections of the left Subclavian Artery, and contrast it with the vessel of the right side.

Professor REDFERN, M.D.

3. State what parts require to be divided in the removal of the brain from the Cranial Cavity, particularizing the processes of Dura Mater, and stating where each vessel and nerve will be found.

4. Describe the Malleus, its connections, movements, and muscles.

Professor CLELAND, M.D.

5. Describe each of the different surfaces engaged in the Temporo-maxillary Articulation, and how they move one on another in the various movements of the jaw.

6. Describe the form and extent of the Lungs, pointing out the differences between the right and the left, and the positions of the apex, base, and thin edges of each, in relation to surrounding parts.

ANSWERS OF CANDIDATE.

1. To expose the inguinal canal you draw an incision between the umbilicus and pubes to the anterior superior spinous process of ilium, then another over the line of Poupart's ligament, dividing only skin; then you go deeper in the same incision and divide the superficial part of the superficial fascia, called sometimes Scarpa's fascia; then you get the superficial vessels and nerves, the epigastric, circumflex, iliac, and pubic arteries, and also a branch of hypogastric nerve above the external inguinal opening, also the genital branch of genito-crural and inguinal branch of ilio-inguinal; then expose deeper the other layer of sup. fascia you come to tendon of external oblique, which passes all the way over the inguinal canal; removing it you come to internal oblique, which only over the inner third of the canal. The canal is an inch and a half, and is exposed. These mentioned above forms the anterior covering; the posterior boundaries are the conjoined tendon for the inner $\frac{2}{3}$ and the fascia transversalis along the whole length of inner surface. The lower boundary is Poupart's ligament; the upper border is the union of the external oblique with the tendons of muscles beneath, that is conjoined tendon and internal oblique to the inner part of canal in the epigastric artery. I should have said that beneath the fascia transversalis is the subperitoneal fat and peritoneum.

2. The subclavian artery commences at lower part of arch of aorta, passing vertically upwards beneath the plura claval subclavius muscle and subclavian veins. Between it and carotid in the thorax is the vagus, phrenic, and cardiac branches of sympathetic and vagus nerve; the artery as it arches round in neck passes beneath the anterior scalenus muscle, having the brachial plexus above it and the vein anterior having the muscle between it; lies on the junction of last cervical and first dorsal nerves to assist in forming the brachial plexus; the artery passes on to the lower border of first rib. This artery is divided into three parts by the anterior scalenus; the first part, to inner border of scalenus, covered with plura, lies on longus colli covered by the claval and its muscle, the sterno-mastoid skin, superficial and deep fascia, it lies deep in this portion. The second portion beneath the scalenus. Phrenic nerve and subclavian vein on the middle scalenus, part of brachial plexus, above it is brachial plexus. The last portion is covered with skin, superficial fascia, and superficial nerves of descending cervical; lastly beneath the claval and subclavian the supra-scapular artery; the external jugular vein still having the brachial plexus above this vessel. The inner portion is more verticle than the right, and has the vagus nerve parallel instead of crossing it, and it is longer than the right. In this portion the most of its branches come from the

second portion instead of the first, the recurrent branch does not turn round it, and the sympathetic is parallel to it instead of beneath it.

8. In removing the brain from its cavity the falx cerebri is between the halves of the cerebrum, which is prolonged from the foramen cæcum in the frontal to the internal occipital protuberance; the superior border is convex, and contains the superior longitudinal sinus, which commences from the foramen cæcum to the torcular herophalli. It also forms the inferior longitudinal sinus in the inferior border, which is concave, and goes also to the herophalli through the straight sinus, which passes through the tentorium cerebelli. The tentorium cerebelli extends from the internal occipital protuberance, passing over the occipital bone, the posterior inferior angle of parietal and inner surface of mastoid portion of temporal bone, and over inner surface of jugular process; and, lastly, into the jugular foramen, after taking in its course the superior and inferior petrosal sinus; the former along the superior border, the latter between the petrosal portion of temporal and basilar process of occipital, where it receives the blood of the cavernous sinus, which is an F shaped groove on the side of body of sphenoid bone. The tentorium cerebelli instead of following the lateral sinus, after it passes over the parietal, passes along the superior border of petros. portion of temporal and is fixed on the anterior clinoid process of sphenoid and encloses the superior petrosal sinus. In removing the brain you divide the attachment of the tentorium at the superior border of petros portion, and also at clinoid process; then you cut the ophthalmic, then the optic and internal carotid artery. Remove the pituitary body, if possible, then the third, fourth, fifth, and sixth; then the seventh, eighth and ninth nerves, last the medulla oblongata and vertebral artery. The first nerve will be found on anterior surface of the body of sphenoid bone, in a groove; the optic will be on same surface, bending outwards; the optic foramen with the ophthalmic artery. The third is between the crura, in front of the pons; the 4 is between the cerebral and cerebella outside of the crura; the 5 is at upper border of pons, a small and large root, the former the highest and motor separated from the other by pons; the 6 between the pirimid and pons; the 7 at lower part of pons, at side, where there is portio mollis portio dura; the 8 comes out at lateral tract, which is divided into from above, downwards hypoglossal vagus and spinal accessory; the 9 is between the pirimid and olivary body. The internal carotid artery will be found at inner end of the fissure of sylvius, appearing at side of the body of sphenoid, at posterior clinoid process; the vertebral artery will be found at foramen magnum, and runs along the medulla to lower border of pons.

4th. The Malleus has a body, neck, and handle, and smaller portion. The handle is fixed between the layers of the tympanic membrane. Between

the inner and proper membrane this bone is attached by the suspensory ligament, from the roof of tympanum. The tensor tympani muscle arises from sphenoid bone and cartilage of ustiachian canal, passing up and fixed in the handle. The laxator tympani passes through the fissure, being attached to spinous process of sphenoid and also cartilage of ustiachian tube, and is inserted into neck of malleus. These muscles rotate the bone after the manner in which there name expresses.

6. The lungs are conical in form, reaching from the diaphragm to beneath the clavicle in the root of the neck for $1\frac{1}{2}$ inches. It has two surfaces, an external which is convex and covered with plura, and an internal which is concave, and between the upper and lower borders; more to the later, and midway between the apex and base is the root of the lung. The right lung is shorter and thicker than the left and also heavier; beneath the root will be seen the ligamentum pulmonale. The anterior border is thin, reaching down on the right side as far as the sixth costal cartilage, and on the left, owing to the projection of the heart, as low as the fourth; the lower border is rounded and is contained in the angles of the ribs. The right lung, a fissure, commences from the under surface of the apex to the anterior border. At lower part, the left, is there is also a fissure extending the same direction; but of the right lung there is another fissure; goes from that fissure at right angles to anterior border, dividing this lung into three lobes instead of two. On left the apex extend beneath the clavicle, or first portion of sternum, beneath the origins of the the depression of the hyoid bone; having the carotid artery external, and oesophagus, and trachea internal. The base of lung is sloped from above, downwards, forming a narrow piece of lung between diaphragm and posterior surface of thorax. The anterior border measures 7 inches, the posterior as much more.

5. The temporo maxillary articulation, on temporal bone, is between the anterior and middle root of the zygomatic process; the former being anterior, the latter external. The glacerian fissure divides the articular portion of that fossa, and the portion which is covered with gland; it is concave. The articular process of lower jaw is placed transversely, and is compressed from before backward, and is obliquely set. It is broader transversely, and is convex from before back; the outer end of the articular process is higher than the inner. The jaw can be moved upwards and downwards, from side to side, and before backwards; and rotatory movement for masticating purposes. The inter-articular cartilage is concavo-convex; from before back on the upper surface, and concave on lower surface.

WRITTEN EXAMINATION IN PHYSIOLOGY.

Professor CORBETT, M.D.

1. What office do you attribute to the Intestinal Villi; what is the structure of a Villus; how has it been proved that the vessels of the Mucous Membrane are not merely engaged in circulating Blood, and that they participate in other functions?

2. Describe the characters of Urine in its healthy state, and mention the products which may be found in deranged conditions of the Kidneys; mention the composition and amount of Urea, and contrast this substance with Uric or Lithic Acid.

Professor REDFERN, M.D.

3. How do we see singly with two eyes? What is the principle of construction of the Stereoscope? What advantage do we derive from having two eyes rather than one?

4. Describe the changes which occur in the Ovum after impregnation, and the mode of its attachment to the Uterus.

Professor CLELAND, M.D.

5. Define what is meant by Mucous Membrane, and describe the varieties of structure which such Membranes exhibit.

6. State your opinions with regard to the origin and functions of the Blood Corpuscles, and give the evidence on which your opinions are founded.

ANSWERS OF CANDIDATE.

1. The office of the intestinal villi is to absorb the mollecular base of Chyle, the fatty matters which are thought to be coated with albumin. A villus is a small processus which is found on the mucous membrane of small intestines, about $\frac{1}{4}$ line in length; is made up of from without inwards collumnar epithelium, which is set of basement membrane and unstriated muscle; is found in it small arteries and veins, with a lacteal duct about the centre. It has been proved that the veins, at least, do more than receive the blood from its arteries or set of capillaries, and take it back to the heart; for, if you give an animal any coluring matter which is soluble, and afterwards kill it, you will

discover the colouring matter in the veins; and it is also prove that there is more extractives and water in the portal vein than in the hepatic, or in any of the systemic veins, showing that it must have absorbed it from the alimentary canal; so that it may be fairly said to absorb as well as circulate the blood.

2. Urine in its healthy state is of a straw coloured liquid, varying, however, to a deeper brown tint acid in the reaction of the specific gravity 10·25 or thereabouts. You will find if, you examine it more minutely, to contain a certain amount of solid, of which urea makes up the half and a little uric acid (about 8 grains in a day) is said to be excreted in the healthy state: and a trace of benzoic, acid also salts, of which the phosphates predominates. You have sulphates and chlorid.

Urine in deranged conditions of Kidney.—In the first place the colour may be deepened in most inflammatory diseases, but especially in liver derangements where there is jaundice, the pigment biliverdin and bilifulvin is increased to a great amount. In Bright's disease you albumin in variable quantity, and the specific gravity reduced to 1004. In diabetes the specific gravity is increased to 1040, with the presence of sugar. Urea is increased in nearly all inflammatory diseases, and uric acid in Gout is greatly increased. Chloride of sodium is diminished in quantity in most inflammatory diseases, especially pneumonia, because the inflammatory tissues seems to require more of this salt nor in health disease of brain also carries of bones. Rickets and mollities osium increases the phosphates. Urea is composed of Cy and NH₄, because when it is burned this substance is given off. There is nearly half an ounce excreted daily, and uric acid there is only 8 grains daily, and less oxygen in it than the urea.

4. The changes which take place in the ovum after impregnation.—In upper part of fallopian tube the ovum loses its germinal vesicle and the yolk contract; the membrana granulosa is set in club-shaped vesicles with the small end towards the vitellian membrane, then these become round as it proceeds still further on in the tube—a lair of albuminous substance—which is the first beginning of chorion. The yolk divides and sub-divides untill it forms the mulberry mass; at first there is no membrane round these little masses of yolk nor can a nucleus be discovered; afterwards both these structures appear. The albuminous coat forms its self into processes and presents a shaggy appearance; then the granular mass clears up in the center of the ovum and the cells forms themselves in a thick layer beneath the vitellian membrane, and forms another membrane, called the germinal membrane, or the membrana blastodermica. By this time the ovum has entered the uterus, when the processes of chorion will be seen to pass into the albuminous substance, which is secreted in the uterus for its reception; and you can also observe them passing into the small tubular follicles both, single and compound. In returning to the

contents of the ovum a darker spot will be noticed on the germinal membrane, called *area germinativa*, in the center of which is the *zoone Pellucida*. A clear spot round these is noticed the *area vasculosa*, which is between the upper and lower layer, because the *area germinativa* is seen to be divided into serous and mucous layers. In the *zoona pellucida* is a groove called the primitive groove; at each side of the groove is the *dorsal laminae*, which rises up, and must enclose in a canal, which forms from its side the spinal cord and themselves. The posterior arches of the *vertebrae* beneath this groove is formed the *Chorda dorsalis*; from each side of this is the *ventral laminae*, which passes down to constrict on the yolk, enclosing in the abdomen. From the yolk vesicle from margin of this layer raises another membrane, which passes up above the primitive groove, and joining there and reflected there. Within the vitelline membrane, this is the *Amnion*, and with in it is the fluid which protects the foetus. This *alantois* is a little bud which rises from the caudal extremity of the foetus, from the intestines to the other membranes, carrying within it vessels to the placenta; or, to form the placenta, this is ultimately divided into bladder *urachus* and umbilical duct.

3. You can see singly with two eyes, because they are so constructed by there muscles, which regulate the eyeball by being supplied with different nerves; so that both eyes can look inwards at one object, or to the right or left side at the same time; so that the focus of light from the object to which you direct your eyes strikes the retina at the same place, and the object seems as one. If you can see a certain amount with one eye, it is evident must see as much more with another, with which you can see equally as much with as that one. Your attention can also be directed to an object on one side, which you might not have been able to see had the eye on that side been absent so that you can guard yourself from danger if it approaches.

5. A mucous membrane is one cover, the structure of a canal, which open externally in the alimentary canal. It is covered with *colluminar epithelium*, from the lower part of *oesophagus* to anus. Some of the gland ducts which enter it are spheroidal; the small intestines contain villi and, there is in addition to most other mucous membranes, a layer of muscular tissue beneath it. In from the mouth to lower part of *oesophagus* are *scalar epithelium*, consisting of basement membrane and mucous glands, with conglomerate glands. At orifice of urethra is also squamous, but *colluminar* from that to Kidneys, from the os to the end of fallopian tube; it is covered with cilia, some places it is placed on bone, as the meatus of nose and nasal duct, which are covered with epithelia of the *colluminar* variety covered with cilli. The same exists in *usteachian*. Cilia is also found from upper part of trachea to the air vesicles; the *vasa efferentia* also presents cilia.

6. Blood corpuscles are first formed from embryonic cells, until lymph appears. When they are derived from that source the two sorts can be seen before the 4 month. At first they are reproduced from the pre-existing cells, next from the lymphatic glands and spleen. The red is thought by some to be formed from the nucleus of the white, and some think that they are formed in the spleen; they carry oxygen to the different tissues and carbonic acid from them, and presides over the nutrition; because, when they are diminished, the patient is in an anemic state. They also have some power over the coagulation of blood, which is considered a vital process and lowest, because it gets no further out of the body, but in it the fibrine may become organized into tissue. A serous fluid will not coagulate, but, if you drop a few corpuscles into it, it will soon coagulate.

WRITTEN EXAMINATION IN MEDICINE.

Examiner—Professor COLAHAN, M.D.

1. Give a definition of Dropsy according to the different localities into which the fluid is effused; and describe the state of the system, and of the different organs which act as causes of the disease.

2. What are the characteristic appearances, the constituents, and specific gravity of the Urine in the different stages and forms of Bright's Disease?

3. Mention the various forms of Colic; give the differential diagnosis of each, with the special dangers which accompany it; and describe the indications for treatment which are—1st, Common to all; 2nd, Appropriate to each.

4. Four particular diseases resemble closely in their symptoms Gastric Ulcer. What are they? Give the diagnosis of each, and describe the pathological appearance of an Idiopathic as compared with a Traumatic Gastric Ulcer.

5. State the differential diagnosis of vomiting from Cerebral Disease, diseases of the Liver and Stomach, and from sympathy with distant organic affections.

6. Enumerate the diseases of the Brain, and of the system in general, in which Delirium becomes a distinctive symptom. Describe the essential elements of the Delirium as characteristic of each disease.

ANSWERS OF CANDIDATE.

1. Dropsy is an accumulation of fluid into different parts of the body, and may be divided into general and local; the former is when the fluid is not only contained in some of the natural cavities but is effused into the areolar tissue; the latter term is when it is in a particular cavity, such as within the cranium—called hydrocephalus in thorax—called hydrothorax in peritoneal cavity—called ascites in tunica vaginalis—called hydrocele and also hydrocele of its cord in glottis, named after its name; or you may have oedema of any part, which is a local affection—such as lungs, which take place in consequence of general dropsy; also oedema of a local part caused by inflammation; also hydronephritis caused by obstruction of water or obstruction of some of the kidney ducts may give rise to it—or hydatis; also hydronephrosis, when the ureter is much distended with urine, caused by obstruction at lower part. Oedema glottis is caused may be caused by an extension of erysipelas extension of glossitis or tonsillitis, by warm water or acids causing acute inflammation of larynx, or it has been caused by a sting of a bee. Hydrocephalus is caused by either acute or chronic inflammation of meningeal membranes of brain—especially those in a child—from tubercular deposit at base; not so much the idiopathic variety of adults in acute as children. Hydrothorax caused by inflammation of pleura; or, if air gets into the pleura, either externally or by the trachea. In last stage of phthisis you have generally fluid; as well either decomposition or secretion, also general dropsy, caused by liver or heart disease, will cause hydrothorax at latter part of this affection. Ascitis is brought about by liver diseases generally, such as acute and chronic hepatitis, especially the latter one; also by the generation of the organ as fatty, or amyloid; cancer will also cause it, also tumours on hepatic vein, or any adjacent organ which may press on it; or pressure of on abdomen vena cava will also give rise to it; acute and chronic peritonitis will cause it; lastly, heart, lung, or kidney affection will give rise to it at the latter stages. Hydrocele may be brought about by disease of testicles, epididymis, gonorrhoea, and syphilitic taint; also compression of the cords by any obstruction.

3. You have a form of colic from flatulence, one from irritation of the alimentary canal by food, or a vitiated state of the bile. The first sort there is swelling of the abdomen, which is tympanitic, and is eased by pressure, and is mostly in old persons. Give assafoetida, ether, spirits of chloroform, and aperients; to this sort of it give much the same, but you may give a little calomel or podophallin for liver and a purge. You may have it from mental emotion, such as grief, or fear. Give a little spirits

of ammonia, or ether, or you may have it from cold: treat on general principals. You have colic from lead poisoning, known by the blue line on the gums; paralysis, retraction of the abdomen and brownish colour of skin. Give sulphur baths, aperients, and iodide of potassium. Then you have Copper Colic, with the purple line on gums, metallic taste in mouth, diarrhoea, and pain on pressure, with abdomen swollen. In lead colic the abdomen is retracted and bowels constipated, with black fæces; the fæces of copper is greenish and fluid. You treat copper colic with sulphur baths and iodide of potassium. The general treatment is aperients and antiperistaltis—such as ether, chloroform, assaetida, hot fomentations.

2. The specific gravity is 1004 to 1010; in acut it is the colour of porter. By these corpuscles of blood albumen may be abundant. Known by heating it, or nitric acids; or there may be pus in it, proved by caustic alkalis and microscope In Bright's disease, chronic, it may be clear low sp Gra, abundant albumen, with casts of epithelium and hyaline casts; if fatty with fat added, also water may be more abundant in the 24 hours. If the kidney is in an amyloid condition there is waxy casts. In acut Bright's the specific gravity is higher. owing the constituents of the urine; in Ohronic it is always low.

5. From CEREBRAL.

No nausea or retching.
Vomited matter as when swallowed.
Great pain in head.
Conjunctiva not yellow nor skin.
Red and moist.
Alteration of pulse.

From HEPATIC.

Great retching.
bile mixed.
Pain in liver region.
Conjunctiva yellow.
Tongue furred and yellow.
No change.

You may have vomiting from sympathy from uterus, known by pain in that part, or its general symptoms; also from hernia also, from lung disease.

6. You may have delirium from dura mater—that is inflammation of it. It is furious at first, and then muttering delirium. Meningitis, with much the same characters—more when top of brain; and its membranes are affected. When brain substance is inflamed the patient is not so furious, more of a wandering character with picking of bed-cloze. In Typhus fever it is a distinct symptom. After first 5 days, which may be of a very furious kind, they appear to be always in difficulties, shouting on police, or folled by something which is going to take them up; then the may get over it when the may mutter: this is called typho mania. In typhoid the delirium is of an easier kind and does not come on so early. You may have delirium from Mastitis, from the various exalthemata, from cerebro-spinal

fever, to a great extent relapsing fever yellow fever. When the heart is affected in reumatism, erysipalis, and pyæmia, hydrophobia, Glanders; you may have it in bad inflammation of lungs, pleura, and nearly all excessive inflammation.

4. Cancer resembles gasteric ulcer, but is known by the acut lancinating pain and the cachetic appearance; the microscopic examination of vomitory matters for cancer cells, the acid eructations, and foetid. Gasteritis may be taken for it, but there is fever and pain is of a greater extent and violent vomiting. But inflammation on left lobe of liver might be more readily taken for it, as it gives rise to vomiting; but the pain will be more diffused, and on left shoulder, also on right, sometimes with fever, which is not present in gastric ulcer, nor is the vomited matter coloured with bile, nor the circumscribed pain on epigastrium at ensiform cartilage. Ulcer of duodenum, or disease of it, will simulate gasteric ulcer. There is more pain, but there is vomiting after food has been taken some time. (Post-mortem perforation resembles perforation gasteric ulcer). Induration of the pylorus, causing an obstruction there by causing vomiting; sometimes after food was taken, but there is little pain in the affection, but acid foetid air comes away and a great enlargement of stomach in a tympanic condition. Hemorrhoids will simulate gasteric ulcer in having pain in back and the shortness of breath, caused by loss of blood, with anemic appearance; by there is no vomiting it may be diagnosed by examining the the anus. The appearance of the ulcer is from the size of a forpenny piece to the size of a half-a-crown; it is as if cut out, without any indurated edges and a slight redness around each, whereas a trumatic the edges are irregular, more secretion, not round, the redness more diffused over the stomach, and a purulent secretion. (Cancer of dudenum resembles gasteric ulcer.) The bottom of the trumatic ulcer is irregular, and in the other smoother; the edges indurated and elivated, it is soft, and even with the mucous membrane.

WRITTEN EXAMINATION IN MEDICAL JURISPRUDENCE.

Examiner—EDMUND W. DAVY, M.D.

1. What are the principal forms of Insanity commonly recognised by Medical Jurists? and state their leading characteristics.

2. From what external and internal appearances, presented by a body found in water, might you be able to determine whether the individual had been immersed in it before or after death?

3. State the usual appearances which are observable in the bodies of those who have died from the effects of starvation.

4. What are the differences in the symptoms and the *post-mortem* appearances of a case of Perforation of the Stomach from the effects of disease, and where it had resulted from Poisoning?

5. On several occasions fatal consequences have resulted from the root of the *Aconitum Napellus* having been mistaken for that of a well known plant often used as a condiment; what is the root referred to? And point out the most distinctive characters between it and the poisonous one mentioned.

6. Describe the usual symptoms and *post-mortem* appearances which are presented in acute Poisoning by Oil of Vitriol; and state what means you would employ in such a case to detect its presence in the contents of the stomach, or in the matters which had been discharged from it.

7. Upon what facts are based the method recommended by STAS for the detection of Alkaloids in Organic Mixtures? And state, in general terms, how you would proceed to conduct it in the examination of the contents of the stomach in a case of suspected poisoning.

ANSWERS OF CANDIDATE.

1. You have insane persons who have been sane at some period of their life, and, probably from hereditary tendency, or organic disease of brain, or injury, when the will be characterized by being quieter nor than the had been previous, and performing simple actions; easily made believe, want of sleep, restlessness, no appetite, and constipation; or the talk incoherently, or become furious. The get pale and thin loss of memory, and those whom the had the most regard for the would try to kill, if possible; others may be in a disponding state, and may make several attempts to commit suicide.

An embicile has not the same marked characters, and you might not know whiter they are ill or not but be a little simple loss of memory; stupid looking, and take inodinary ideas about things. Idiocy is a state of the mind which has been from the infancy, so that it is congenital; the have generally an abnormal small head or badly formed; the may present different characters—from slavering at mouth—and has there own peculiar ways; can not be taught, and generally do not get worse; a bad memory, badly developed reason, &c.

An excentric person is thought by some to have a want of sense. They are peculiar in having a taste for certain thing, and can not do other thing at all;

and, generally, what their mind takes to be are proficient. They are not exempt from law, from transacting very extraordinary acts, as they may be very wise in other things.

7. To examine the contents of the stomach in suspected poisoning you would take out the contents, or wash the stomach, or any organ you wish to examine, and cut it in pieces. Wash it well, treat it with acetic acid, distil it, then treat it with potash evaporate, then add potash and alcohol, and evaporate until you get the crystals.

2. The external appearance of a body found in water, which would determine whether it had been immersed before or after death. If before death the skin would be wrinkled, called cutis anserina, provided it had not stayed too long in the water; but the same thing will occur if a body be put into the water a short time after death. The face may be suffused and frothy about the mouth, but it is oftener pale and placid. You may discover sand or weeds in the hand, which make one certain that the body has been thrown in, or that they had precipitated themselves into the water before death. The internal appearance.—The lungs are sometimes covered with vascular spots, it is heavier; if sliced mucous froth, blood, and water may be in the condition as if churned up will ooze out of the lung from the bronchial tubes and its branches. Vegetable matter and sand may also be present. It may be congested on the right side of the heart—may be engorged; the mucous membrane of the stomach and upper part of intestines may be redent or ecchymised. Water and organic substances may be got in stomach, but water may make its way by decomposition, or the person may have drunk it immediately before immersion; but the vegetable substance is a proof that they have been in it before death. The best test is this froth, bloody, mucous of the lung.

3. The usual appearance which a body presents after death from the effects of starvation.—The body presents a fearful emaciated appearance, with eyes sunken and cheeks greatly collapsed; this is covered with a sort of varnish and decomposition sets in early. When you open the body you find the fat almost completely gone, only the tissue left, which it had been in all the internal organs present an anemic appearance. The stomach is greatly contracted and empty; the small intestines smaller in caliber and shorter—almost like strings, with no fecal matter in them: the bladder is small and empty.

4. The difference between post-mortem perforation from the effect of disease, and that from the effect of poisoning, are: first, in disease, as regards their situation; it generally takes place in upper curvature more than lower, posterior surface more than anterior, and, if it is an ulcer, produced in anemic female servants, as it usually is, it presents an appearance as if it was punched

out of the mucous membrane with the not indurated or swollen, and quite regular, and either round or oval, the bottom of which is a vital destructive process going on, but little or no formative. Around the ulcer is a redness: the ulcer may go on untill it perforates the coats of the stomach, thereby causing peritonitis. The ulcer which takes place from the effects of poisoning.—It may take place any where in the stomach, but, generally, at posterior surface; pyloric or cardiac ends, the ulcer is irregular, with ragged edges, and the redness diffused through out the stomach, instead of a short way round, as in the other ulcer, it perforates in an irregular way; not by a vital action, but by the corrosive action of the acid or alkali.

6. The symptoms in acut poisoning with sulphuric acid are pain, constriction in swallowing, intense pain in abdomen, which increased by preasure, inspiration, and coughing, the countenance is axious, the mucous membrane of mouth lip chared, spots of it on dress may be brown, the pulse gets feble, the patient get into a collapsed condition, with a frequent small pulse, cold extremities, the surface of body cold and covered with a cold clammy sweat, and at last pass off in a comatosed condition. The post-mortem appearances are the mucous membranes of mouth, lips and tongue white; the cesophagus red, the stomach very red, and contains a quantity of black liquid, which is blood and water, darkened with the acid; the mucous membrane may be denuded in some parts by the corrosive action of the acid, or it may present ulcerated spots; and, lastly, perforated, when the contents of the stomach may be driven into the peritoneal cavity; the mucous membrane of the small intestine may also be red in upper part; the ulcer is produced by a chemical action and is irregular. To detect oil of vitriol you take stomach out and opens it; then take out the contents, filter it several times, until it becomes fluid, and clear enough; then you add the chloride or sulphate of barium and you will get a white precipitate, which is insoluble in nitric acid. If you want to test the stomach you wash it well, cut it into fine pieces, boil it, or distill it; and then, after you get the solution in which it was boiled concentrated by evaporation, then you apply the chloride of barium and you get the precipate or the acetate of lead: you would get a precipate but not so good as the other.

WRITTEN EXAMINATION IN SURGERY.

Examiner—JOHN K. BARTON.

1. In a case of Phlegmonous Erysipelas of the Leg, in a man advanced in life, what local and general treatment would you employ?

2. What do you understand by the terms "Surgical Fever," "Septicæmia," and "Pyæmia"? Describe the causes of the latter of these, and the pathological effects produced by it.

3. By what symptoms is Enlargement of the Prostate usually accompanied? What effects are produced by it, and how would you treat it?

4. Name the various causes of Retention of Urine, and state how you would act in each case.

5. In a case where the Leg is badly injured, with fracture of the bones and extensive injury to the soft parts, what are the circumstances which would decide you for or against amputation?

6. Name the different Fractures which occur in the upper half of the Humerus, and the signs characteristic of each Fracture.

7. In what cases of disease of the Knee-joint may excision be properly undertaken, and what are the conditions which should make the Surgeon decide against this operation.

8. What diseases may simulate Morbus-coxæ? Describe the plan of treatment you would adopt in a case of Morbus-coxæ in the first stage.

9. Name eight varieties of Tumor found to occur in the lower jaw.

10. By what signs would you be led to infer the malignant nature of a Tumor, and what means would you take to decide the diagnosis?

ANSWERS OF CANDIDATE.

1. The general treatment which you would give in a case of phlegmonous erysipelas in a man advanced in age.—The inflammation is generally of an asthenic nature, therefore you give him nourishing diet, beef tea, milk, eggs, &c.; you might him stimulants such as brandy, wine, &c. or carbonate of ammonia, and also give him tonics, the Tinct. Ferr. Mur. thirty minims every two hours, in a glass of water. For the local treatment you let out matter. If it is formed you may brush the part over with a strong solution of nitrate of silver, twenty grains to the drachm of water, the part should be well covered with cotton wool dusted with flour—some objects to flour as it encrusts the part by the serum oozing out. Some paints it with collodion, others oil, &c.; if it ulcerates treat it in general principals.

2. I understand that the terms surgical fever, septicæmia, and pyæmia, to be three different names given to the one disease—blood poisoning, which

is caused by 1st by privation, the system being lowered by loss of blood, or discharges of various sorts; 2nd by surgical operation in a bad constitution; the coagulum being disturbed it passes through the circulation, in the form of embliis, which stoped in the capillaries of the lungs, giving rise to gangrene and formation of pus, or in the liver with symptoms of gasteric derangement. It may set up after delivery. It may be caused by enteric diseases such as dysentry. The pathological effects produced by it the patient may be struck down at first without any further progress of the disease; 2nd it may exert itself principally on the liver, causing vomiting and diarrhoea, or in the bowels with diarrhoea; or on the skin, producing fetid perspirations; or on serous membranes; also in the lungs, and, lastly, in the joints, forming large abscesses.

3. Enlargement usully causes acute, but oftener chronic cystitis. If it is acute there is frequent micturation, with great pain, and small quantities of urine passed. You keep them in a quite posture, give them opium to relieve pain, leech the perineum, put hot fomentation, give them hip baths, also give them an aperient of calomel. If it is chronic you should give hip baths, wash the bladder out with a little acidulated water, give them pereira, bucu or uvi ursi, and give nurishing diet. If there is disease of kidneys you cup, or a poultice of lintseed meal and mustard, and keep up the system with good food, hot baths, and rub with a flesh brush.

4. Retention of urine is caused by enlarged prostate. It should be treated with a catheter; if you cannot introduce it you should push it through the gland; 2nd by spasmodic stricture. You should give the patient a hot bath, or an opiate, or a whiff of chloroform, and the catheter can be easily introduced; 3rd by inflammatory stricture or permanent stricture. Use the catheter of whatever size you can; introduce by graduated dilatation with catheter, begining from a small one, or by retaining the catheter, or by dilating the urethra by Coxter or Holt's dilator; by application of nitrate of silver, or by the urethra tome; by cutting from within, or by perineal section; or the water can be removed through the rectum by a trocâr and canula, or it has been removed above the pubes, when it is not covered with peritoneum. Tumours in the pelvis may cause retention. You can only use palliative measures.

5. In a case of bad compound fracture, you should remove the limb, if the skin is much torn off; or if the large vessels are injured; or the principal nerves, or where there is great laceration of the muscles or much pulpified; with a cannon ball; also where the bones are very much comminuted; but, in upper extremity, you may give it a chance when it is badly injured, more so nor the lower extremity because there is a better supply of blood and heals sooner.

7. You may excise the knee joint if it is caused by injuries ; which involves the synovial membrane and supuration is set up by direct violence, or gun shot injuries of the bloodvessels, nerves are not much injured and the patient healthy, if not, amputation should be resorted to. You may excise in some cases of white swelling, where the patient is otherwise in tolerable good health, and it has been performed in cases of rheumatism, caused by gonorrhoeal poison in.

8. You might simulate disease of the head of the femur, but you can know by rotation of the limb, or you may mistake chronic rheumatic arthritis. You can know by history, or by hitting the trochanter, or sole of foot, which will cause pain in morbus coxae: keep the joint at rest with a long splint or gutta percha, and, if there is much inflammation, you leech, hot poultices, cup, &c., give aperient. If it runs on to suppuration you evacuate the matter: but prior to the suppuration it may be greatly swollen and you may use setons and issues. If suppuration runs on, and likely to exhaust the patient, the head of the bone should be excised, performed by a verticle over the great trochanter and make one at right angles, inwards ; then push out the head of the femur and cut it off, and gouge out any diseased portions in acetabulum. Mr. Woods gouges out the cancellous substance, leaving the periosteum where the muscles are attached. This is done for the purpose of the head of the bone being formed entire ; then you put them up with a long splint interrupted at the joint, so that you can treat the joint if matter forms ; then it has partially healed you use passive motion.

9. You have fibrous, fibroplastic, malignant, fibronucleated, fibrocellular, myeloid, boney, cystic.

10. The signs of a malignant tumour.—For instance:—on the breast there will be retraction of the nipple and of the skin around, with stinging pains after it has been sometime seen. As it advances the pain is more severe, and lancinating the skin, becomes dark coloured and ulcerates it ; exudes a sanious discharge the base is greatly infiltrated and hard the edges slightly everted ; and the ulcer has a dark appearance ; with an abundant exudation of serum blood and pus, it has a great fætor. It involves everything that comes in its way, bone not excepted. The lymphatics adjacent becomes enlarged, and, lastly, various organs may be infiltrated with the cancerous deposit, with a cachetic looking appearance of the patient. If the tumour be removed, or examined with a microscope, you will see the characteristic cells of every shape, with a very large nucleus, which nearly fills the cell ; also when you cut the tumour there will be a milky fluid, which mixes readily with water—that is in cancerous tumours, but not in epitheliomata, for it is serous and the cells are seen to be epithelium.

6. The fractures which occurs in upper half of humerus are fracture through the anatomical neck, with shortening fracture of surgical, with shortening fracture of the epiphysis, with roundness of the shoulders; altered you may have impaction of both anatomical and surgical, the former into the shaft, and the latter into the head of the bone, with shortening and no crepitus.

WRITTEN EXAMINATION IN MIDWIFERY AND THE DISEASES OF WOMEN AND CHILDREN.

Examiner—Dr. THOMAS MORE MADDEN.

1. Describe the mode in which you would conduct a case of shoulder presentation at the full term.

2. A patient who is in Labour has had much Hæmorrhage in her former confinements; mention briefly the means by which you would endeavour to prevent the recurrence of this complication.

3. In what class of cases is rupture of the Uterus most likely to occur; what are the premonitory and actual symptoms of this accident, and how would you endeavour to prevent it?

4. You are called in to visit a woman, five days after parturition, under the following circumstances:—The patient is a primipara, aged 28, who having been delivered by a midwife after a difficult Labour of the first order, was attacked by a severe rigor forty-eight hours subsequently; a few hours later she commenced to suffer from pain in the abdomen, which had continued to increase until the day before your visit; the patient is found lying on her back, moaning heavily; her countenance suffused and anxious. On questioning her, her faculties appear dull and confused; she complains of little or no pain, and says she feels much better or quite well; the abdomen is distended, tympanitic, very tender on pressure, so much so that you can hardly feel the Uterus, which is enlarged, and sensitive to the least pressure; the lochia are very scanty and offensive; there is no mammary secretion; she is suffering from frequent diarrhoea and retching; her temperature is 105°, and her pulse is 130, weak and compressible. What would be your diagnosis and prognosis in such a case, and what treatment would you adopt?

5. Describe the symptoms of Fibroid Polypus of the Uterus, and mention the treatment necessary in a case of this kind.

6. For what purpose and in what manner is the Uterine sound used? In what cases is its employment contra-indicated?

7. What are the characteristic symptoms of Hooping-cough?

8. Describe a case of Thrush, and mention briefly its causes and treatment.

ANSWERS OF CANDIDATE.

1. The treatment of shoulder presentation at full term.—When you discover the presentation, if it is not too far advanced, you might endeavour to push it up and try to bring down by a head presentation, and, afterwards, allow the patient to be delivered naturally. If the patient has been some time in labour, and in the second stage, you might try and turn and bring down the feet. To do this the os ought always be properly dilated; draw off the water and give an enemata, and then put the patient in such a position which is most convenient; then wash and oil the hand and introduce it not with too great force, and in the proper axis, of pelvis, and take hold of feet and turn during a pain—taking care not to turn over the back, least you dislocate it; then, during another pain, you extract gently. You may have some little difficulty with extracting the head. If you cannot get it perforate behind the ear the funis; should also be attended to least it be compressed.

2. If a patient has had hæmorrhage in her former confinements you should direct her to take nourishing food and out-door exercise, give tonics such acids, and bark, steel, strychnine, and gentle purgatives, when she is pregnant; to avoid all that which would tend to excite mental emotions, not to press much at stool, and avoid colds, so that there may not be much coughing, avoid accidents, and use no exertion that can be omitted.

3. Rupture of the uterus may occur both before and after parturition. When it occurs before it is likely extrauterine pregnancy, or abscess, or irregular contraction, debility, or without any known cause. If it is during labour it may be caused from atrophy, abscesses, gangrene, cancer, and tumour in uterus; also tumours in pelvis, dislocation of pelvis, contracted vagina or cervix, by introducing instruments by version, obliquity of uterus. Symptoms are:—during labour a sudden cessation of pain and retraction of the head and hæmorrhage from the vagina; then you will have shock and collapse, with a small pulse, cold extremities, and pale face, and the fœtus may be forced into the peritoneal cavity of the abdomen; if so,

perform cæsarian section, give an opiate, give cold water and ice to suck, give astringents, as sulphuric acid, acetate of lead, and other astringents; apply cold to the vulva; give an enema of cold water.

5. The patient suffering from fibroid polypus, in uterus, will have a sense of bearing down, frequent hæmorrhage, which may exhaust the patient, when she will present a very anemic appearance; there may be frequent micturation, and there may be endometritis or inflammation of the uterus itself, and, generally, great pain in back, and may have vomiting where it is very large. Treatment:—Dilate the os and remove it with a pair of polypus forceps, if it is small enough; if too large you palliate by giving opium, and correcting the symptoms as they arise, to prevent hæmorrhage with astringents and cold injections.

7. Hooping cough is divided into catarrh, convulsive, and decline. The first comes on like an ordinary cold which may last a fortnight or three weeks; then the convulsive attack comes on, with a series of expirations, and with a peculiar hoop at inspiration; there may be hæmorrhage from the nose, or evacuation of urine, or feces; the patient may have local symptoms, or gastric derangement, when she may have diarrhœa, or bronchitis, pneumonia, and pleurisy.

The child may have an attack every hour, and then it gradually declines, and may terminate in six weeks, or it may last six months.

8. A child who has thrush presents little white patches on side of mouth, tongue, pharynx, and may extend down the œsophagus into the stomach. These patches are on mucous follicles, and may nearly coalesce and resemble a membrane; the patient may have diarrhœa and loss of appetite, and nausea, with progressing emaciation; they cannot swallow well. It is caused by bad food and living in an unhealthy locality, by gastric derangement, also teething will cause it, and it is also a sequela of fevers. Treat it with astringent lotions, give chlorate of potash, and the sulphate of potash is used.

6. The uterine sound is used for exploring the uterus, to ascertain if there are any tumours and their extent, also polypi, and the place they are attached, also to distinguish prolapse of uterus from inversion, and to see what sort of displacement, whether it is ante or retroflexion. You should dilate the os with tents and introduce the sound with care, lest you injure the walls of the uterus. You should not introduce it if you suspect pregnancy or inflammation of uterus, or its lining membrane.

4. A primipara woman of 28, labouring under the symptoms which you have described, would be likely suffering from purplæ fever of an asthenic class,

and might form abscesses throughout the body and exhaust the patient by prolonged suppuration; but the patient is most likely to be carried off before that takes place from peritonitis, or collapse, from the gangrenous condition of the uterus and its appendages. Treatment:—Probably before you see her the time for leeching is over; you apply fomentations and poultices, lintseed meal and mustard, turpentine stupes; give opium, turpentine, carbonate of ammonia, chlorate of potash; at last give wine brandy, and, if pus form, let it out and give good diet; wash out the vagina and uterus frequently with tepid water, with a little deodorizing substance, such as manganese, or chlorate of potash.

CASE FOR CLINICAL EXAMINATION.

Mary Welch, aged 18, says she fell down from a high, after which she says she became powerless for a period of 4 years. She got better. In about 12 months after sudden pain came about the region of the heart, the side got larger than the other, and her feet and legs swelled; she could hardly breathe, she had a short cough; she got very little better up to Christmas, the cough got a little worse, and spat blood, with a pain on left apex of lung. At present the patient is short of breathing, increased action of heart with swelling over that region; there is a little dullness over the apex of left lung, with large crepitation; there is also increased action of heart, with a murmur at apex, continuing up to left axilla; there is also dullness on percussion over a large extent of the region of heart, due to either dilatation or fluid in pericardium. I believe the patient to have phthisis of second stage, also regurgitation of left ventricle.

REPORT ON THE VISITATION OF THE MEDICAL EXAMINATIONS
IN THE QUEEN'S UNIVERSITY, IRELAND.

Held September and October 1873.

Visitors :—J. RISDON BENNETT, M.D., Member of the General Medical Council,

J. S. BRISTOWE, M.D., Visitor appointed by the Council.

Every medical graduate of the Queen's University is required to undergo three Examinations: 1st, a Matriculation Examination at the College of which he becomes a student; 2nd, the Previous Medical Examination; and 3rd, the Examination for M.D.—both of which latter are conducted at the Castle in Dublin. The Curriculum of Study extends over a period of at least four years, and is divided into two parts of two years each, at the end of the first of which the Student is allowed to present himself for the Previous Examination, and at the end of the second for the Degree of M.D. During the first period Students are recommended to attend courses of lectures on Chemistry, Botany, Zoology, Anatomy and Physiology, Practical Anatomy, Materia Medica and Pharmacy, and are required during the first period to attend Practical Chemistry, and *during one six months winter session the practice of a Medico-Chirurgical Hospital containing at least 60 beds, together with the Clinical lectures therein delivered, at least two each week*; and during the second period they are recommended to attend lectures on Anatomy and Physiology, and Practical Anatomy, the Theory and Practice of Surgery, Midwifery, the Theory and Practice of Medicine and Medical Jurisprudence, and are required *to attend Medical and Surgical practice and Clinical lectures, in an Hospital of at least 60 beds, for 18 months*; and to attend also a Midwifery Hospital or

Dispensary, and the Clinical lectures given in it, for a period of 3 months, or to attend 10 cases of labour under the superintendence of the Medical Officer of any Hospital or Dispensary where cases of labour are treated.

Pupils are required also during the first or second period to attend in one of the Colleges of the University a course of lectures on a modern Continental Language, and one on Experimental Physics.

The Previous Examination is an Examination in Dissections, Anatomy, Physiology, Chemistry, Materia Medica, Zoology, Botany, Experimental Physics, and Modern Languages. The Examination for M.D. is in Dissections, Anatomy, Physiology, Surgery, Medical Jurisprudence, Midwifery, Medicine, Clinical Medicine and Clinical Surgery, and (if the Candidate have not previously passed in these subjects) Experimental Physics and Modern Languages.

It may be mentioned here that the Senate have recently given Students the option of being examined in Botany, Zoology, Experimental Physics, and Modern Languages, at the end of their first year of study, instead of delaying Examination in them till a later period.

In addition to the Degree of M.D., the Queen's University grants a Degree in Surgery and a special Diploma in Midwifery. To obtain the first, a special Examination in Operative Surgery, to obtain the second, a special Examination in Practical Obstetrics has to be undergone, in addition to the M.D. Examination. The Candidates for these Diplomas, however, are not required to have devoted more time to the study of Surgery or Midwifery than is sufficient for the M.D. Examination alone.

In several of the subjects for Examination at this University, the Examiners are the Professors of those several subjects at the three Colleges; these Examiners are permanent. Each of the three Examiners in a subject sets a certain proportion of the written Examination Paper, and conducts a portion of the *viva voce* Examination, if there be any, and all three unite to make the final award in respect of the subject in which they examine. In other subjects there is only one Examiner; and

he is not necessarily a teacher in the Queen's Colleges, indeed is generally unconnected with them, and holds his appointment for two years only.

In each of the following subjects there are three Examiners: 1st, Anatomy and Physiology; 2nd, Chemistry; 3rd, Experimental Physics; 4th, Modern Languages; 5th, Zoology and Botany.

In each of the following there is only one Examiner: 1st, Medicine; 2nd, Surgery; 3rd, Midwifery; 4th, Materia Medica; 5th, Medical Jurisprudence.

The Previous Medical Examination and those for M.D., M.Ch., and the Diploma in Midwifery, take place twice a year—in June, and in September and October. On the latter occasion there is also an Examination for Honours.

Our Visitation was to the Medical Examinations, which were being conducted at Dublin, in the Castle, in September and October. We shall speak of these presently; we propose, however, in the first place, to make some observations relative to the Matriculation Examination.

MATRICULATION EXAMINATION.

Every Candidate for a Medical Degree in the Queen's University is required "to have passed in one of the Colleges of the University the Entrance Examination in Arts," and is *recommended* to pass it prior to entering on the second period of study. As a matter of fact, all Students who *commence* their Medical career at one of the Queen's Colleges do pass this Matriculation Examination previously to entering upon their Medical studies; and those only who, having previously studied elsewhere, enter in their 2nd, 3rd, or some later year, pass this Examination subsequently to the commencement of their Medical studies. All Candidates therefore presenting themselves for the M.D. Examination must previously have undergone this preliminary Arts Examination; and as this is the chief, if not the only test of general knowledge required of Medical Candidates, it is important to understand clearly in what it consists.

The Matriculation Examination is a Collegiate Examination, and is conducted at each of the three Colleges, by the Professors of that College, at the commencement of the first term of each session—that is, in October; but a further Examination is held early in November “for those Students who have not presented themselves at or passed the General Examination.”

In each of the Colleges the Matriculation Examination comprises an Examination in Mathematics, one in Latin, one in Greek, and one in English; three hours being allowed in the Queen's College, Belfast, for the Mathematical, three for the Greek and Latin, and three for the English Examination; and six hours only being allotted for the entire Examination at Galway. The amount of acquaintance with the subjects for Examination required of Candidates by the several Colleges varies very considerably, as will be seen by the following condensed abstracts from their respective Calendars:—

Mathematics.

Q. C. BELFAST.—*Euclid*: First and Second Books.

Arithmetic: Including Vulgar and Decimal Fractions, Proportion, Practice, Simple Interest and Discount, and Extraction of Square Roots.

Algebra: Up to and including Simple Equations.

Q. C. CORK.—*Euclid*: First Book.

Arithmetic: The same as at Belfast, exclusive of the Extraction of Roots.

Algebra: Explanation of the signs, and meaning of an Index, Calculation of the values of Algebraical Expressions when particular values are given to the letters which they involve.

Q. C. GALWAY.—*Euclid*: First and Second Books.

Arithmetic: First four Rules of Arithmetic; Vulgar and Decimal Fractions; the Rule of Three.

Algebra: Addition, Subtraction, Multiplication, and Division of Algebraical quantities; Simple Equations.

Greek.

Q. C. BELFAST.—Any two of the following authors which the Candidate may select :—

Homer's *Iliad*, Books 1 and 2 ;
 Euripides—*Alcestis* ;
 Xenophon—*Anabasis*, Books 1 and 2 ;
 Lucian—Walker's Selections ;

or any other two Books selected by the Candidate, provided they form a course not less extensive than two of the above-named.

Q. C. CORK.—Any one of the following authors which the Candidate may select :—

Homer's *Iliad*, Books 1 and 2 ;
 Xenophon—*Anabasis*, Books 1 and 2 ;
 Lucian—Walker's Selections ;

and Grammar.

Q. C. GALWAY.—Xenophon—*Anabasis*, Book 1 ;
 Grammar,

Latin.

Q. C. BELFAST.—Any two of the following authors which the Candidate may select—any one Book in Livy, and any two Books in Horace, Virgil, and Cæsar, will count as a Book :—
 Horace ; Virgil ; Cicero in *Catilinam* ; Sallust ; Livy ;
 Cæsar ; Translation from English into Latin prose.

Q. C. CORK.—Any one of the following authors which the Candidate may select :—Virgil, *Æneid* (Books 1 and 2) ; Sallust, *Conspiracy of Catiline* ; and Cæsar, *Gallie War* (Book 1).

Q. C. GALWAY.—One of the following authors :—Virgil, *Æneid* (Book 1) ;
 Cæsar, *Gallie War* (Book 5) ; Retranslation from
 English into Latin of portions of Cæsar.

English.

Q. C. BELFAST.—*Grammar*: English and Composition.

History: English, from the Norman Conquest to the Battle of Flodden Field.

Geography: Outlines of Ancient and Modern.

Q. C. CORK.—*Grammar*: Including Composition and Writing from Dictation.

History: Outlines of Grecian, to the death of Alexander the Great; and outlines of Roman, to the accession of Augustus.

Geography: Outlines of Ancient and Modern.

Q. C. GALWAY.—*Grammar and Composition.*

History: Outlines of Grecian and Roman.

Geography: Outlines of Ancient and Modern.

It will be seen from these quotations that the Mathematical knowledge required of future Candidates for the M.D. Degree is in all cases exceedingly meagre; for none of the Colleges demands a greater acquaintance with Geometry than can be learnt from the first two books of Euclid; or more Algebraical skill than is requisite to solve a simple Equation. And in the Cork College the authorities are content to require merely a knowledge of the first book of Euclid, and about as much Algebra as any one acquainted with Vulgar Fractions might acquire in the course of half-an-hour. As to Greek, the amount to be prepared for Examination is twice as much in the Belfast College as in that at Cork, and twice as much in the College at Cork as in that at Galway; and the same relation holds good as nearly as possible in respect of Latin. As regards the subjects coming under the head of English, there is less discrepancy; they comprise English Grammar, Ancient and Modern Geography, and History; the Belfast College, however, requires English History, the Colleges of Cork and Galway Roman and Grecian History. There can be no doubt, we think, that the Belfast

Matriculation Examination is a far superior Examination to that of either of the other Colleges; and that especially the Mathematical Examination at Cork, and the Classical Examination at Galway, are insufficient. Indeed, looking to the comparatively short time allotted to the Examinations, the fewness of the subjects of Examination, and the meagreness of the knowledge required of Candidates in the more important of them,—we cannot think the Examinations are at all adequate to insure that the successful Candidates shall have had even a very moderate previous education; at all events, we think the Examinations cannot be considered adequate for Candidates for the Degree of M.D., even if thought sufficient for a simple Licence to Practise.

PREVIOUS EXAMINATION IN MEDICINE.

This Examination commenced on the afternoon of the 30th September, and was continued daily until its conclusion on the 8th October. It comprised Examinations in Chemistry, Anatomy and Physiology, Practical Anatomy, Materia Medica and Pharmacy, Botany, Zoology, Experimental Physics, and Modern Languages. Five Students, availing themselves of the privilege recently accorded by the Senate, offered themselves for Examination in Modern Languages, Experimental Physics, Botany, and Zoology; and one presented himself in Modern Languages only. Excluding these six, 103 Candidates entered themselves for the Examination; of whom 23 failed to appear, and 5 withdrew during the progress of the Examination. Of the remaining 75, 33 were rejected and 42 passed. 15 were allowed to compete for honours.

September 30th and October 1st and 2nd.

The early part of the Examination was devoted to testing the Candidates in Practical Anatomy, and was conducted by the Anatomical and Physiological Professors of the three Queen's Colleges, viz., Professors REDFERN, CORBETT, and CLELAND. 79 Candidates (including 4 who subsequently withdrew) were then Examined, and their Examination occupied three days—viz.; September 30th, October 1st and October 2nd. There were

four bodies for dissection, and each Candidate was allowed two hours in which to perform some given dissection; after which he was examined by one of the Professors on his own and most of the other dissections, and also on the bones; in reference to which latter he was required not only to name their different parts, but to indicate the points of attachment of muscles and tendons, and their relations to arteries, nerves, and so on. This Examination was most complete and admirable.

October 3rd, Afternoon 2 to 5.

Written Examination of all the Candidates in Anatomy. The questions which were set were six in number—two by each Examiner. The Examiners were now conducting the practical Examination of the Candidates for M.D., and the Written Examination was therefore superintended by Mr. STONEY.

October 4th, Morning 9.30 to 12.30.

Written Examination in Physiology. Here again the questions were six in number—two being set by each Examiner. The Examiners were still conducting the practical Examination of M.D. Candidates, and the Examination was again therefore superintended by Mr. STONEY. There was no practical or *visà voce* Examination in Physiology or Minute Anatomy.

Afternoon 2 to 5.

Written Examination in Chemistry. The questions were set in equal proportions by the three Examiners—Professors MAXWELL SIMPSON, ROWNY, and REYNOLDS—who were present to superintend the Examination, and to conduct during its progress a short *visà voce* Examination of each Candidate. There was no practical Examination in Chemistry.

October 6th, Morning 9.30 to 12.30.

Written Examination in Materia Medica, conducted by Dr. GRIMSHAW. The Examination paper comprised ten questions. While this Examination was in progress, a *visà voce* Examination was being held by Dr. GRIMSHAW at one end of the room. Candidates were called up in succession, and

each one had, during a period of about ten minutes, a series of questions put to him. A specimen of *Materia Medica* was placed before him, which he was required to name; and then questions having reference to the medicinal properties, the uses, the Pharmacopoeial preparations, the active principles, and the doses of the drug, were put to him. In all, eight questions, or groups of questions, were thus submitted to each Candidate, and to each of his eight answers a separate numerical value was attached by the Examiner. Questions in Therapeutics were purposely omitted from the Oral Examination of all Candidates who had only just completed their second year. Botanical questions were also purposely almost entirely omitted. The Candidates were not required to write or read Prescriptions. This Examination was very good. It could not be completed in the allotted three hours; its completion therefore had to be deferred.

Afternoon 2 to 5.

Written Examination in Zoology, conducted by Professors MELVILLE, GREENE, and CUNNINGHAM. Two Examination papers, each comprising nine questions (three by each of the three Examiners), were placed before the Candidates: one paper related to the Vertebrata and the other to the Invertebrata; and each Candidate was allowed to choose between them. A *vivâ voce* Examination was conducted by each of the three Examiners, whilst the Written Examination was in progress; each Candidate being called up in turn by one or other of the Examiners, who put simple questions to him upon any one class of animals, such as the Aves or the Reptilia, which the Candidate chose to be examined upon. No specimens were shown.

October 7th, Morning 9.30 to 12.30.

Botany. This Examination was also conducted by Professors MELVILLE, GREENE, and CUNNINGHAM, each of whom set three out of the nine written questions the Candidates were expected to answer. Candidates are recommended to use as text books Olliver's "Lessons in Elementary Botany," and parts 1 and 3 of Henfrey's "Elementary Botany" (second edition by Masters). They are also expected to possess a practical acquaintance

with 17 specified orders of flowering plants. The *viva voce* Examination, which was conducted, as usual, concurrently with the Written Examination, was upon fresh specimens of plants belonging to the specified orders.

Afternoon 2 to 5.

Written and *viva voce* Examination in Experimental Physics, by Professors ENGLAND, CURTIS, and EVERETT. The Written Examination comprised sixteen questions, of which six were set by one Examiner, and five each by the other two. The *viva voce* Examination of each Candidate occupied about five minutes, and in each case consisted of the following four questions, with such additional queries in regard to them as the answers of the Candidates rendered desirable or necessary :—1st, Describe the nature of the action by which a common syringe is filled; 2nd, A wooden ball floating in water has one hemisphere immersed and the other out of the water—what is its specific gravity? 3rd, What is an astatic needle? and 4th, Explain the use of the barometer, and why it is necessary to apply a temperature-correction to the observed reading of a barometer. The course of Experimental Physics, and the subjects therefore of Examination, include the rudiments of Mechanics Hydrostatics, Pneumatics, Acoustics, Optics, Heat, Electricity and Magnetism, as represented by Newth's "First Book of Natural Philosophy," Stewart's "Elementary Physics," and the earlier parts of Everett's *Deschanel*, or of Atkinson's *Ganot*.

October 8th, Afternoon 2 to 5

Examination in Modern Languages, by Professors DE VERICOUR, MEISSNER, and GEISLER. The Examination paper comprised three passages from French authors, one passage from a German, and one from an Italian author, to be translated into English, together with a string of English sentences to be rendered into French. Each Candidate was allowed to select the language in which he was to be examined, and (as regards the French at all events) it was quite understood that a portion only of the passages set need be translated. The *viva voce* Examination, limited to a few minutes for each Candidate, was devoted mainly to grammatical questions.

EXAMINATIONS FOR THE DEGREE OF M.D. AND M.CH., AND FOR THE
DIPLOMA IN MIDWIFERY.

These Examinations were carried on concurrently with the Previous Medical Examination, and embraced Examinations in Anatomy, Surgery, Medical Jurisprudence, Midwifery, Medicine, Physiology, Dissections, Clinical Medicine and Clinical Surgery, together with (for those who had not yet passed in these subjects) Experimental Physics and Modern Languages, and (for those who were seeking the Mastership in Surgery and the Diploma in Midwifery) Operative Surgery and Operative Midwifery respectively.

47 Candidates were entered for the M.D. Examination, of whom 6 failed to present themselves and 1 withdrew in the course of the Examination. Of the remaining 40, 13 were rejected, and 27 passed; and of the latter number, 9 were recommended to be allowed to compete for Honours.

September 30th, Afternoon 2 to 5.

Written Examination in Anatomy. Here, as in the Previous Medical Examination, two questions were set by each of the three Examiners, and the Examination was superintended by Mr. STONEY.

October 1st, Morning 9.30 to 12.30.

Written and *viva voce* Examination in Surgery by Mr. BARTON. The Written Examination comprised ten questions. The *viva voce* Examination was conducted as usual, each Candidate being called up in turn and questioned for about ten minutes upon three different subjects. The later questions upon each subject were very much determined by the nature of the Candidate's answers to the simple questions first put. The questions were very clear and very good, and related chiefly to the following subjects:—Inflammation of the Bladder, Epulis, Hare Lip, Cleft Palate, Nævus, Burns and Scalds, Fracture of Spine, Talipes, Hæmorrhoids, Paraphymosis, Fracture of Neck of Femur, Stone in the Bladder, Tumour of Scalp, Collis's Fracture

of Fore-Arm, &c. 17 Candidates only were examined *vivâ voce* in the allotted three hours. The remainder were examined subsequently as opportunity permitted.

Afternoon, 2 to 5.

Written and *vivâ voce* Examination in Medical Jurisprudence, Dr. E. W. DAVY. The written questions were six in number. The *vivâ voce* consisted of three questions, or groups of questions, given successively to each Candidate, to whose Examination about five minutes were allowed. The questions related, amongst other things, to the tests for Arsenic, Death by Drowning, the forms of Insanity, the tests for Corrosive Sublimate and Calomel, for Blood, Copper, Lead, and Strychnia, Hanging and Strangulation, Wounds, &c. The *vivâ voce* Examination though short was good and effective, the practical knowledge however of Candidates was not tested.

October 2nd, Morning 9.30 to 12.30.

Written and *vivâ voce* Examination in Midwifery and Diseases of Women and Children by Dr. T. MORE MADDEN. The Written questions were seven in number. The *vivâ voce* questions to each Candidate formed six groups, and related to the following subjects mainly:—Natural Labour, Difficult Labour, Measurements of Pelvis, Puerperal Convulsions, mode of forming and applying a binder, Hæmorrhage during Labour, use of Ergot, Phlegmasia Dolens, Infantile Remittent Fever, Tabes Mesenterica, Complex Labour, use of hands in last stage of Labour, Battledore Placenta, Treatment of Morning Sickness, Prolapse of Funis, varieties of Version, Puerperal Fever, &c. 13 Candidates only were thus examined in the course of three hours; the examination of the others had therefore to be deferred. The *vivâ voce* Examination struck us as being excellent.

Afternoon 2 to 5.

Medicine, Written and *vivâ voce*, by Professor COLAHAN. The Written questions were six in number. The *vivâ voce* Examination which occupied about five minutes for each Candidate was limited to a single question.

The following are a few examples:—Give the symptoms of Acute Hydrocephalus and of Hydrocephalic Meningitis respectively; How would you distinguish clinically between Acute Pneumonia and Pleurisy? Describe the symptoms of Acute Nephritis; Describe the symptoms of Acute Hepatitis; What are the respective symptoms of Peri- and Endo-Carditis? What are the causes and symptoms of acute Gastritis? As a rule the bare question was put to the Candidate, who was then allowed to ramble on without check or guidance, and then dismissed. The questions were large and complicated ones, requiring an essay for their complete treatment, and the answers therefore were almost of necessity incomplete, or vague and unsatisfactory, and useless as a test of the Candidate's real knowledge.

October 3rd, Morning 9.30 to 12.30.

Physiology by the three Professors. This was simply a Written Examination, each of the three Professors proposing two questions. There was no *vivâ voce* Examination, and no attempt to test the Candidates' practical acquaintance with the subject.

October 4th, Morning 9.30 to 12.30; Afternoon 2 to 5.

All this time was devoted to the Examination of the M.D. Candidates on the dead subject and on the bones. The Examination was precisely of the same kind and carried on in identically the same manner as the Practical Anatomical Examination of the junior Candidates. The dissections however which were made on the same subjects as had served for the previous Examination were necessarily of deeper structures, and the *vivâ voce* Examination, including that on the bones, had more reference to arteries and nerves, and viscera, than had that to which the junior Candidates had been subjected. This Examination, like the former one, was exceedingly complete and searching, and very fair and satisfactory in its results.

October 7th, Morning; October 8th, Morning.

During these two mornings the Medical and Surgical Clinical Examinations were conducted simultaneously in different institutions. The first day's

Medical Examination took place at the South Dublin Union ; it was announced for 10 a.m. but did not commence until 11 a.m., and was continued until about 2 p.m. The second day's Examination was conducted at Steevens's Hospital, and also commenced at 11 o'clock and terminated about 2 p.m.

On the first day, four patients, one suffering from the remains of Paraplegia, and the others from somewhat obscure cardiac and pulmonary mischief, were brought dressed into a sitting room and placed separately in its four corners. The Candidates were introduced four at a time, a patient being allotted to each one. Each Candidate was then required to question and examine his patient, and to write out his history and present condition, together with the diagnosis and treatment to be adopted. A quarter of an hour was allowed nominally for this purpose, but many Candidates took half an hour or three quarters. When his case was completed, the Candidate was called up to the Examiner and required to read his notes aloud, and was then asked if he had anything to add, and in many cases was allowed to reconsider his case and make corrections or additions. If the Candidate had made any serious blunder, he was required to examine and report upon a second case. The only instrument employed was the stethoscope ; there was no urine or expectoration to be examined, or means of testing these either chemically or by the microscope.

The Examination on the second day was conducted in one of the Hospital wards, the patients being in bed. These were five in number, and suffered respectively from Right Hemiplegia, Phthisis, Chronic Bronchitis, Renal Dropsy, and Disease of the Mitral Valve. The Examination was conducted in precisely the same way as that of the previous day. The urine, however, of the case of Albuminuria was on the table, and the means for ascertaining its specific gravity and the presence of albumen in it were placed beside it.

Great care was taken to insure no communication between the Candidates who had been Examined and those whose turn had yet to come. The Examination was conducted by Dr. COLAHAN, assisted by his son.

The first day's Surgical Examination was conducted by Mr. BARTON, at

Steevens's Hospital, the second day's at the Richmond Hospital, commencing about 9 o'clock and being continued for about three hours. A certain number of patients were selected, and then a Candidate was detailed to each, and allowed a quarter of an hour in which to examine the patient, form his diagnosis, and determine the treatment. At the end of that time he was examined orally by Mr. BARTON, on the pathology and treatment of the case; a number being given for each of these heads of Examination according to the quality of the answer. The Candidate was then required to apply a bandage, for which again a mark was given. Owing to our being occupied in attending on the Practical Medical Examination, we had little time to give to this; we saw, however, about a dozen Candidates being Examined on cases of which Ranula, Strumous Cervical Glands, Fistula in Ano, Chancres and Buboes, and Fractured Patella formed a portion. This Examination appeared to us to be very ably conducted.

October 7th, Afternoon 2 to 5 Experimental Physics.

October 8th, Afternoon 2 to 5: Modern Languages.

These Examinations were the same as those which the Candidates for the Previous Medical Examination had to undergo. Five M.D. Candidates only had to present themselves in Modern Languages. Of these, four passed moderately well, and one was rejected; but as he had answered pretty fairly in all the professional subjects, he was allowed to take his Degree. Six Candidates only presented themselves in Experimental Physics, of whom three were rejected. They were rejected also in other subjects.

DIPLOMA IN MIDWIFERY.

October 6th, Afternoon.

This Examination was conducted by Dr. MADDEN, at his own house. There were 29 Candidates, of whom 19 were now undergoing the M.D. Examination, and 10 had obtained their Degree on a previous occasion. Of the latter number, 3 failed to present themselves, so that the actual

number of Candidates Examined was 26. Of the 26 Candidates, 14 passed and 12 were rejected. It must be added, however, that of those who passed 10 only obtained a sufficient number of marks just to pass, and the other 2 only obtained the positions known as $P + 1$ and $P + 3$ respectively. Further, one of the number that passed was rejected for the M.D., and on this ground failed to obtain his Midwifery Diploma. The number, therefore, of those who obtained the Diploma was 13 only.

The Examination was *virâ voce*. The questions put were all good practical questions, which should readily have been answered. Instruments were shown, and their names and uses asked. Each Candidate (with few exceptions) was made to pass and apply the forceps on a dummy. We were present at the Examination of a good many of the Candidates, and they seemed to us generally to betray great ignorance of the subject, and to have had very little practical experience indeed. There was not one among those we saw who applied the forceps with skill or even with intelligence. We subsequently formed the opinion that the large proportion of failures to pass, and the low marks generally obtained by the successful Candidates, gave a very fair notion of the general quality of the Candidates.

SPECIAL M.CH. EXAMINATION.

This, mainly an Examination in Operative Surgery, was announced for the morning of October 10th. We did not deem it necessary to remain in Dublin to witness it.

FINAL MEETING OF BOARD OF EXAMINERS.

One of us remained over the 9th October in order to be present at the meetings of Examiners held on that day to determine the fate of the Candidates who had presented themselves at the Previous Examination and at those for M.D. and the Diploma in Midwifery.

The plan according to which the Examiners attach relative value to Candidates' answers, that according to which the "resultant award" in

each subject is obtained, and that by which the final position of Candidates is determined, are unusual, and peculiar to this University.

In assessing the value of Candidates' written answers the Examiner attaches to each a number ranging from 0 to 5. The number 1 represents the lowest judgment which contributes to pass a Candidate; the number 5 represents unusual excellence, and is recommended to be, and is, used very sparingly; 0 signifies that no merit can be attached to the answer. The word *pessime* is employed sometimes when the answer is unusually discreditable. Thus if there be six or eight written questions, the Candidate will receive six or eight of these numbers; and supposing each of his questions to have been fully answered, but not with unusual credit, his collective marks for his three hours' writing will be probably 24 or 32. The same rule holds good in respect of the answers given at the *viva voce* Examination. Thus in the practical Examination in Anatomy, the value of the dissection, that of the Examination on the dissections, and that of the Examination on the bones, count each as one answer, and would give, if fully answered, a collective total of 12 marks. It must be added, however, that it rests entirely with each Examiner to determine how many oral questions he will put, and how many series of numbers from 0 to 5, therefore, a Candidate shall receive in respect of them. In the Anatomical Examination, as has been pointed out, the number of separate awards which a Candidate could thus obtain was 3; in Medicine it was 1; in Surgery, Forensic Medicine, and Materia Medica respectively, 3; in Midwifery, 6; in Materia Medica, 8. Hence in most of the subjects of Examination the total marks which Candidates receive in the first instance from the Examiners is made up of a certain number accruing from the written Examination, and a certain number accruing from the *viva voce* Examination, which have only such a numerical relation to one another as the individual Examiners may from time to time determine.

The next step towards arriving at a final result is the reduction by each Examiner, or each set of Examiners, of his group, or their groups, of separate awards, into the form prescribed for what is called the "resultant

award;" their reduction, that is to say, to a uniform scale, so as to allow of a fair comparison of the results of the different Examiners. This scale is as follows :—

Valde	}	All in these classes pass.
Third Class + 3		
Third Class + 2		
Third Class + 1		
Third Class		
Pass + 3		
Pass + 2		
Pass + 1	}	The ultimate position of Candidates in these classes is determined by their answers in other subjects.
Pass		
May pass <i>if</i>		
Rejected <i>unless</i>		
Rejected	}	All in these classes are rejected.
Pessime		

There is no rule laid down, or generally understood, in accordance with which Examiners attach relative values to the collective numbers of the written and *visâ voce* Examinations, and reduce their resultant values into one of the formulæ of the above scheme. Each Examiner, indeed, is free to form his own rule, and does, we believe, act independently of his colleagues. We may add here that the special marks allotted to the Clinical Examinations in Medicine and Surgery are associated with those obtained in the Written and *visâ voce* Examinations in these subjects, in determining the resultant awards in Medicine and Surgery.

In accordance with this method of making a resultant award include the separate primary awards made in regard to all Examinations in the same branch of science, we find that one resultant award is given for Anatomy and Dissections jointly; one for Medicine and Clinical Medicine jointly; one for Surgery and Clinical Surgery jointly; and one severally for Physiology, Chemistry, Materia Medica, Medical Jurisprudence, Midwifery, Experimental Physics, and Modern Languages; and one for Zoology and Botany jointly.

The resultant awards in the various subjects of Examination are now,

together with the Candidates' numbers, entered in the designated vertical columns of a table, in such a manner that against each Candidate's number his several awards follow in horizontal succession. These are then collated, and the Candidates for the most part summarily rejected or passed. The doubtful cases are subsequently submitted to careful consideration, and if not decided by general acquiescence are put to the vote, when a majority decides. In determining such a case, great weight is naturally attached to the judgment of that Examiner who has rejected the Candidate, or to the judgment of those Examiners who, short of actual rejection, have given unfavourable marks. But these judgments are not necessarily final; as we observed in one case in which a Candidate was rejected in Surgery, and in which a majority of votes determined his passing, the Surgical Examiner voting in the minority. It is worth while to add that every Examiner has a vote, and that in the case of the Previous Medical Examination the voters are as follows:—3 in Anatomy and Physiology; 3 in Chemistry; 3 in Zoology and Botany; 3 in Experimental Physics; 3 in Modern Languages; and 1 in Materia Medica: and that in that of the M.D. Examination the voters are—3 in Anatomy and Physiology; 3 in Experimental Physics; 3 in Modern Languages; and 1 severally in Medicine, Surgery, Midwifery, and Medical Jurisprudence.

REMARKS.

We were very much impressed with the general excellence and thoroughness of the Examinations we witnessed, so far as they went.

The arrangements to prevent communication between Candidates, and to preserve quiet and decorum while the Examinations were in progress seemed to us quite unexceptionable.

The written questions appeared to us, with very few exceptions, to be well selected and clear, and such as were calculated to test the competence of the Candidates' knowledge of the subjects to which they related. The *viva voce* Examinations also that were conducted by the Examiners during the progress of the written Examinations seemed to us on the whole to be efficient and judicious. The Practical Anatomical Examination was

certainly quite admirable in its thoroughness and completeness. The Clinical Surgical Examination struck us with its excellence so far as it went; it appeared, however, on the whole to be meagre. The Medical Clinical Examination was a *bonâ fide* Examination, but struck us still more forcibly as being insufficient. The Practical Midwifery Examination was, within its limits, very good, but we scarcely thought it sufficiently extended or searching to justify the granting of a special Midwifery diploma in respect of it. The absence of all Practical Examination in Physiology, Chemistry, and Forensic Medicine, and the absence from the Examination of any attempt to test Candidates in their capacity to combine drugs in a prescription, and to write or even to read prescriptions in Latin, were very noticeable.

It was quite evident to us, that, on the whole, the Examiners were fully up to their work, and conscientiously determined to do their duty thoroughly and impartially; but we felt strongly that their number in some of the most important subjects of Examination was altogether insufficient. To this circumstance it is doubtless in some degree attributable that the several Practical Examinations (always excluding that in Anatomy) are insufficient. We do not indeed think it possible that a single Medical Examiner, or a single Surgical Examiner, or a single Examiner in Midwifery, Forensic Medicine, or Materia Medica, can efficiently conduct, for so large a body of Candidates as presented themselves at the last Examinations, so extended and complete an Examination as should be required of Candidates competing for an M.D. degree.

As regards the Candidates themselves their average quality appeared to be decidedly low. Our means of forming an independent opinion were not perhaps unexceptionable. The large proportion of failures to pass in both Examinations, however, and the general lowness of the marks obtained by even the successful Candidates strongly confirm this opinion. The lowness of the marks given, as a rule, in respect of the Examination in Experimental Physics also seems to indicate a very unsatisfactory acquaintance with subjects, some of which a mere ordinary school-boy

training should have enabled Candidates to tackle. The *vivâ voce* Examination in this subject, limited to the four questions which have been previously quoted, was exceedingly simple, yet few of those whose Examinations we heard answered them correctly; and some of the Candidates seemed to have no glimmering of their meaning. Thus (in exemplification) one Candidate said that "water ascended in a syringe in consequence of the attraction of the piston"; another said that "the specific gravity of the wooden ball floating half immersed in water was 2"; another (indeed several) could not explain, or even see, the necessity for making correction for change of temperature in reading the barometer; another defined the barometer as an instrument for determining the dryness and moisture of the air. The many failures, and (with one exception) the invariably low marks obtained by the successful Candidates for the Midwifery Diploma, fully established the correctness of the opinion we had ourselves formed from being present at the Examination, of the lamentable want of knowledge and experience of Midwifery which the great majority of the Candidates possessed. With the practical knowledge displayed in the Clinical, Medical, and Surgical Examinations we were better pleased, but as we have pointed out, these Examinations were somewhat superficial, and had they been as searching as those in Anatomy, might possibly have been attended with similarly disastrous results. It will of course be understood that we are not for a moment contending that the total number of Candidates did not contain a certain number of exceedingly good men, or even that those who were allowed to pass were in any degree undeserving of their success, or that the Examinations were not sufficiently stringent to insure the rejection of all who merited rejection.

These observations lead us to the discussion of the general scope of the several Examinations included in the University Curriculum.

The Matriculation Examinations, together with the subsequent Examination in Modern Languages and Experimental Physics, are the only tests by which the general Education of the Candidates for the degree of M.D. in this University is ascertained. We have shown that the requirements for the

Matriculation Examinations are exceedingly limited, and at two of the Colleges are, in some respects, little more than a farce. They are scarcely, at any of them, sufficient to insure that the successful Candidates shall have had even a very moderate school education ; they are certainly not sufficient to insure that he shall be master of the amount of Latin necessary to enable him to write or read prescriptions, or of so much Mathematics as could render him competent to understand the Elementary Physics which he is expected subsequently to acquire, and their applications in Anatomy, Physiology, Chemistry, and the like. We need scarcely add that we regard them as no sufficient test of the preliminary or general knowledge which a man who writes M.D. after his name ought to possess.

The previous Medical Examination comprises, we think, too many subjects. We think, indeed, that it may be in some small degree due to the confusion of mind which arises thence that the results of this Examination are so unsatisfactory. We regard it therefore as an improvement that Candidates are now allowed to present themselves in Modern Languages, Experimental Physics, Zoology, and Botany, at the end of the first year. The remaining subjects are amply sufficient for Candidates to have to prepare for this Examination.

The M.D. Examination is in the same way permitted to include subjects which should long previously have been disposed of. We refer here to Modern Languages and Experimental Physics, subjects which Candidates are allowed to defer until this Examination. It is probably true that those who present themselves in these subjects at the final Examination do so either because they have been previously plucked in them, or because, from doubts as to their acquaintance with them, they feared to present themselves earlier. It is needless however to say that men who have neglected these subjects up to the period of passing the previous Medical Examination are little likely to take them up seriously, and with success, in the later period of their career. The lowness of the marks obtained by those who did present themselves in these subjects confirms this opinion. Now if M.D. Candidates ought to possess a competent knowledge

of one Modern Language, and of Physics, surely that degree of knowledge ought to be insisted on; yet how hard it is to be called upon to reject such a Candidate in one of these collateral subjects when he shows an exceptionally good acquaintance with all that is more essential:—to withhold the Degree because he is a poor French scholar, or knows little Physics! It need scarcely be said that under such circumstances ignorance of Physics and of Modern Languages must be occasionally winked at.

As regards the other and more important subjects of Examination for the M.D., it is certain that the Theory and Practice of Medicine holds quite a subordinate position among them; that this, which should constitute the very essence of an M.D. Examination, has scarcely any more time allotted to it than Forensic Medicine, and about half the time which is allotted collectively to Anatomy and Physiology (on which the Candidates have previously undergone a searching examination) and has no more influence in determining the success or rejection of a Candidate than has Anatomy or Physiology, or Forensic Medicine! The Examination indeed of the M.D. Candidates in Medicine (inclusive of Hygiene, Therapeutics, and Pathology), seems to us utterly inadequate to test the fitness for a title which implies, or should imply, a very high degree of medical knowledge and skill. But when we consider the fact that Candidates are only required to attend the Medical Practice of a Hospital containing 60 beds, of which probably 30 only are Medical, for a period of two years without necessarily holding the office of Clinical Clerk or taking any active part in the management and treatment of the patients, it would almost appear that the Medical Examinations were reduced in stringency and relative importance in deference to the slender clinical experience of the majority of the expected Candidates. The Surgical and Midwifery Examinations may perhaps be sufficiently searching for those who simply aim at obtaining a Medical Diploma. But we doubt very much whether these Examinations, supplemented even as they are by short Practical Examinations in their respective subjects, are, in any degree, more sufficient to test a Candidate's *special* fitness for the M.Ch. or the special Diploma in Midwifery, than is the Medical part of

the M.D. Examination to test the Candidate's efficiency in Medicine. It does not appear from the Calendar that a Candidate for the M.Ch. needs to have filled the office of dresser, or that the Candidate for the Midwifery Diploma needs to have conducted a single case of Midwifery. We feel very strongly that the present M.D. Examination, inclusive of the Special Surgical and Midwifery Examinations (judged both by the length of the Curriculum which the Candidates are required to have undergone, and by the character of the Examinations themselves) ought to be regarded as an M.B. Examination only, to be followed at a later period, and after special work and training and examination, by the Degree of M.D., or that of M.Ch., or by the Special Midwifery Diploma.

We cannot say that we are altogether satisfied with the system of marking adopted at the Examinations, or with the method by which the position of doubtful Candidates is determined. We have shown that if there is not a general agreement among the Examiners, the passing or rejecting of a Candidate is determined by vote, in which the strictly Medical Examiners may be altogether outnumbered by Examiners in subjects of quite secondary importance. We have mentioned in proof of this statement, that a Candidate who was rejected in Surgery, was allowed to pass the M.D. Examination, the question having been put to the vote and carried by a majority, the Surgical Examiner voting in the minority, and we may add that the majority was mainly made up of the non-Medical Examiners, one of whom gave as the reason why he should vote as he did that a knowledge of Surgery was not necessary for a Doctor of Medicine!

It would not have been necessary to put this Candidate's case to the vote, had the Surgical Examiner possessed, as he should have possessed, the power of rejecting absolutely any Candidate who manifests disgraceful ignorance of Surgery, nor probably would it have been necessary to put it to the vote had the several awards from which the final award had to be deduced, been in a form admitting of ready summation.

We have described at some length the mode of marking the values of

Candidates' answers, the method by which those given in each subject are reduced into the form of resultant awards, and the further method by which, from the several resultant awards, the final awards are deduced. The whole process is evidently the result of some thought, and no doubt in the main fulfils the purpose for which it was devised; but we fail to see its advantages. Its disadvantages are obvious. It increases (or should increase) the labour of the Examiners; it introduces into their awards an additional element of inaccuracy; and it acts unfairly in the case of Candidates of medium attainments.

We can best justify our criticisms by assuming that we are Examiners, and by going through all the processes of calculation which would be required of an actual Examiner. We will assume, for simplicity of computation, that our Examination (lasting 3 hours) comprises 10 written questions and 5 *visà voce*, in all 15 questions; for each one of which any value may be given in whole numbers varying from 0 to 5 inclusive. The total number of marks which Candidates might obtain in respect of these would vary therefore between 75, the highest possible number attainable, and zero. In Examinations conducted at other institutions, 300 marks are usually adopted as the highest attainable number of marks for three hours' work, these being proportioned fairly amongst the several questions which are expected to be answered within this time. And under such circumstances the awards which are made by one Examiner are at once (without further manipulation) in a state to be compared with the awards of other Examiners. In the present case, however, the awards of the different Examiners have, so to speak, different denominators, and cannot be compared until they have been brought to a common denominator, or, in other words, reduced to a common standard. That standard is the series of formulæ or hieroglyphics which have already been discussed. Now how shall we convert our awards into these formulæ? We must either do it by guess-work—by rule of thumb—or we must attach numerical values to the formulæ. We adopt the latter plan. We shall not be hard upon Candidates if we determine to reject all who fail to attain more than one-third of the total number of marks. Some of the Examiners may determine to reject all who fail to obtain

one-half the marks, others to reject only those who attain one-fourth. There is nothing to prevent such want of uniformity. Carrying out our principle we make for our guidance the following table, in which we first write the successive formulæ, and then against them the numbers which we assume them respectively to represent, and then against the latter the actual numbers in our awards which are in continued proportion with them. It is obvious now that we shall class as *valde* those of our Candidates who obtain the full 75 marks, or any lower number of marks nearer to 75 than to 70; that we shall class as $111 + 3$ those whose marks are 70, and those also who have obtained marks on either side of 70, which are nearer to 70 than they are to 75 or 65, and so on down the scale. It will be observed however that in effecting this transformation we necessarily equalise all marks from 68 to 72, inclusive (and so with each similar group of numbers lower in the scale) representing either of them by 14 or its equivalent $111 + 3$, and we increase the difference between the Candidate who obtains 67 marks (and consequently either 13 or $111 + 2$) and him who obtains 68 five-fold.

Scale of Judgments.	Assumed Numerical Values.	Resultant Awards.	Relative values of Awards in previous Column on usual Scale.
Valde	15	75	300
111_3	14	70	280
111_2	13	65	260
111_1	12	60	240
111	11	55	220
P_3	10	50	200
P_2	9	45	180
P_1	8	40	160
P	7	35	140
If	$6\frac{1}{2}$	$32\frac{1}{2}$	120
Unless }	$5\frac{1}{2}$	$27\frac{1}{2}$	
Reject	5	25	100
	4	20	80
Pessime	3	15	60
	2	10	40
	1	5	20
	0	0	0

We have thus with some little trouble reduced our primary awards into the prescribed formulæ, but we have done it on a principle which may be quite different from that which our colleagues have adopted, and we have done it with manifest, but necessary, injustice to some at all events of the Candidates. We have reduced them, too, into formulæ, which only admit of computation on being reconverted into the very numbers from which we have deduced them. And what advantage have we gained which would not have been at least as well secured by retaining for the resultant awards the figures of our second column ; and which is not far more satisfactorily attained, and with less trouble and less injustice, in the ordinary system of marking ? We admit that it is very difficult to assess by marks the relative values of Candidates' answers. Still we deem that the marks which are accorded thus by the Examiner, when fresh from their perusal, are far more trustworthy than any modification of them made when the memory of them has passed from his mind.

We now meet our Co-Examiners, after the Examination is over, in order to determine which Candidates shall pass and which shall be rejected. Now there is no difficulty in deciding at once that all Candidates who have no mark lower than "P" shall pass, and that all who have a "Reject" shall be rejected if the Examiner who gave him that award insists on his rejection ; but the difficult cases—those which require most careful discrimination, are those in which "If's" and "Unless's" and "Reject's" (in reference to which the Examiner is not firm) are mingled with pass awards, and those also (among the better Candidates) in which the question of being allowed to compete for honours has to be decided. To take the first case : The question what effect various combinations of "If's," "Unless's," and "Reject's" should have in neutralizing the effects of various combinations of good awards, varying from "Valde" to "P," is evidently very complicated, and cannot be fairly estimated by a mere glance at various rows of such combinations. Clearly, the only legitimate way of determining which among such Candidates shall pass, and which shall be rejected, is to reconvert the awards into numbers, and to add them up, rejecting those whose numbers fall below a given standard, and passing those whose numbers are

above it. The plan adopted at this University is to put each such case to the vote. They might as well, we think, cast lots. We have little doubt that some men were thus allowed to pass who would certainly have been rejected under other circumstances, and who ought to have been rejected; and that some men were rejected who had passed a decidedly better Examination than these.

We repeat that we do not positively know—but then no one else knows—the numerical values which should be attached to the award-formulæ. We are inclined, however, to maintain that the values we have given them in our table are not unfair. We will select a few of those doubtful cases, whose fate was settled by vote, and test the pertinence of the remarks we have just made, by replacing the several resultant awards by the numbers which we have assumed to be their equivalents, and noting the result.

No. 163 (*see* Appendix) passed both in Modern Languages and Physics, subjects which are not essential to the Examination. But his awards in the five essential subjects were "P + 1," "Unless," "P," "P + 1," "Unless," or in numbers $8, 5\frac{1}{2}, 7, 8, 5\frac{1}{2} = 34$, or on the principle of giving 300 marks for three hours' Examination, 680. *He passed.*

No. 162 did not present himself in Modern Languages and Physics, and in the five other subjects got the Awards, "If," "Unless," "P," "P + 1," "111," or in numbers $6\frac{1}{2}, 5\frac{1}{2}, 7, 8, 11 = 38$, or on the more usual plan of counting, 760. *He was rejected.*

No. 142 obtained the following awards, "P," "Reject," "P," "P + 1," "P + 2," or in numbers $7, 5, 7, 8, 9 = 36$, or on the other plan, 720. With the consent of the Anatomical Examiner *he was allowed to pass.*

No. 129 obtained, "If," "Unless," "If," "111," "111 + 1," or $6\frac{1}{2}, 5\frac{1}{2}, 6\frac{1}{2}, 11, 12 = 41\frac{1}{2}$, or otherwise 830. *He, however, was rejected.*

We do not for a moment maintain that Nos. 162 and 129 ought to have been allowed to pass, but we maintain that if these were rejected there was not a shadow of an excuse for permitting Nos. 163 and 142 to pass.

RECOMMENDATIONS.

We may be permitted briefly to point out how, in our opinion, it would be possible to remedy the more important of the defects which we believe we have observed relative to the Medical Examinations of the Queen's University.

1st. The Matriculation Examinations of the three Colleges should be assimilated, those that are lowest being raised to the standard of the highest among them. In all of them, as at Belfast, Candidates should be required to turn English into Latin; and in all of them, as at that same College, Candidates should be expected to be acquainted at least with all the ordinary rules of Arithmetic, the first two books of Euclid, and as much Algebra as to enable them to solve simple equations. Further, it seems to us that Examinations in a Modern Language and in Physics should form a part of the Matriculation Examination. And we are disposed to recommend that Botany and Zoology should also be comprised in it; but if not, that these latter should, as has now been conceded, be examined in at the end of the first year of study, and by no means be permitted to be delayed until the Previous Medical Examination. We recognize fully that it is not desirable, even in a Matriculation Examination, unnecessarily to multiply the subjects for examination. And for this reason, while appreciating the value of a knowledge of History and Geography, we should be disposed to remove these from among them; and, we may add, that we are not quite certain that it might not with advantage be made optional for Candidates to undergo an Examination in Greek or some Modern Language. Since the Matriculation is the only test Examination in Arts subjects required of Medical Graduates, we are very much disposed to think that it should not be a mere Collegiate Examination, but, as at the University of London, a University Examination.

2nd. The Previous Examination would thus become an Examination in Anatomy and Physiology, Chemistry, and Materia Medica only. The

only further change we would suggest here is that there should be a Practical Examination in Physiological Histology and in Chemistry, in addition to the Written Examinations already held on these subjects.

3rd. The present M.D. Examination should be an Examination for the M.B. degree only, carrying with it however the Licence to Practise. It would comprise Medicine, Surgery, Midwifery, Medical Jurisprudence, Anatomy, and Physiology. We feel strongly that the Examinations in Medicine and Surgery, especially in their practical parts, should be extended; and further, that the theoretical and practical divisions in these subjects should count as separate items in the list of awards, which collectively determine a Candidate's ultimate position. There should be a Practical Examination in Medical Jurisprudence.

4th. The M.D. degree, that of M.Ch., and the Special Midwifery Diploma, should be granted some time (probably a year) after the M.B. degree has been obtained; and Candidates for either of them should undergo a special and severe Examination in the theory and practice of that branch of Medicine for which the diploma they seek is granted. We need scarcely say that Candidates for these higher degrees should be required to bring proof of having specially worked at the subjects in which they present themselves for Examination. Both in these and in the M.B. Examination, Candidates should, amongst other things, be required to read and write prescriptions in Latin.

5th. It seems to us that it would be better, at all events more convenient, if the Examinations, instead of being held in June and September, were held at intervals of six months.

6th. The number of Examiners in Medicine, Surgery, Midwifery, Materia Medica, and Forensic Medicine should be doubled. Moreover, the elections should in each case be made alternately, so that each pair of Examiners might include an experienced and an inexperienced Examiner.

7th. In determining the final position of Candidates, we think that

rejection in any one subject, if the Examiner or Examiners in that subject insist upon it, should be held fatal. And we are of opinion also that it would be advisable to adopt the ordinary method of appraising Candidates' answers, and of determining their final position in the Examinations.

Before bringing our Report to a close, we think it right to say that, in the course of our visit, we ascertained that it is a common practice for Candidates rejected at the M.D. Examination of the Queen's University, to present themselves at the next ensuing Examination of one or other of the Scottish Licensing Bodies, and to obtain therefrom a Licence to Practise almost immediately after previous Examiners had declared them to be unfit. This practice, which is not limited to rejected Candidates of the Queen's University, and successful aspirants for Scottish Licences, is, to say the least, exceedingly reprehensible, and injurious to the profession, and ought to be suppressed. We would suggest that the evil might to a large extent be remedied by a regulation of the Medical Council to the effect that, no rejected Candidate for a Degree or other Licence to Practise should be permitted to present himself for Examination, before any Licensing Body, within at least six months after his rejection.

The existence of the practice here referred to, and the extent to which it is carried on, might be ascertained by requiring of all Examining Bodies lists of their successful and unsuccessful Candidates, with the dates at which they presented themselves, for the last three or four years.

In conclusion, we beg leave to record our sincere thanks to the Examiners and other officials of the University, and above all to the Secretary, Mr. STONEY, for the cordiality with which they received us and assisted us during the whole period of our Visitation. Without such aid our task would have proved difficult and unsatisfactory; with it, we found it light and pleasant. It is true, indeed, that we have felt it to be our duty to take exception to many things which were brought, or came,

under our notice, and that we have not hesitated to express our opinions upon them freely. But we know that many of those who are engaged in the work of the University entertain with regard to some of these matters opinions similar to our own, and entertain them no less strongly than we do. On the other hand, we feel bound to repeat that the Examinations which we witnessed were, within their scope, admirably well conducted and complete, and thoroughly honest.

APPENDIX I.

AWARD PAPER OF THE PREVIOUS MEDICAL EXAMINATIONS.

Candidate's Number.	Modern Languages.	Experimental Physics.	Anatomy.	Physiology.	Zoology and Botany.	Chemistry	Materia Medica.	FINAL AWARD. (If permitted to compete for Honours.)
101	..	..	P	P + 3	P + 1	P + 2	P + 2	P
105	Unless	Unless	P + 1	P	If	P + 1	Rej.	Rej.
107	With	drawn	111 + 2	P + 3	P + 2	P + 3	P + 3	P — H
110	..	..	P	Unless	P	P + 1	Rej.	Rej.
111	..	..	P	P	If	P + 2	P + 2	P
112	..	Valde	P + 1	P	P	P + 1	111 + 1	P
113	111	111	Valde	111 + 3	111	111 + 2	P + 2	P — H
114	..	Pessime	Rej.	Rej.	Rej.	P	Pessime	Rej.
115	..	..	P + 1	111 + 2	P + 2	111 + 2	111 + 2	P — H
116	P	..	..	..	..	..	..	Pass in Modern Languages
117	P	Pessime	P + 3	111 + 2	If	P + 1	P + 3	P (except in Physics)
118	..	..	Rej.	Rej.	If	P + 2	P	Rej.
120	P	Rej.	..	..	If	..	..	Rej.
121	..	..	Rej.	Rej.	Unless	P	Rej.	Rej.
122	P + 1	Rej.	..	..	Unless	..	..	Rej.
123	..	..	P	P + 3	P + 3	111	111	P
124	P	P + 3	P + 3	111 + 2	P + 3	P + 2	P + 3	P — H
125	P + 3	P	..	..	P + 1	..	..	P
128	..	..	Rej.	Unless	..	Rej.	..	Withdrew
129	..	..	If	Unless	If	111	111 + 1	Rej.
130	..	..	P	P	P + 1	..	Rej.	Rej.
131	..	..	P + 1	P + 3	..	..	111 + 2	P
132	..	..	P	P	Unless	P	P + 3	P
134	..	..	If	Unless	If	Rej.	Unless	Rej.
135	..	..	P + 3	P + 3	P + 3	111 + 2	111 + 2	P — H
136	..	..	Rej.	Unless	If	P + 2	111	Rej.
137	..	..	P	Unless	If	P	P + 1	Rej.
138	..	..	P + 1	P	P	P + 3	Rej.	P
139	..	..	P + 1	P	P	P + 3	111 + 2	P
141	..	..	Rej.	Rej.	If	Unless	P + 2	Rej.
142	P	..	P	Rej.	P	P + 1	P + 2	P
143	..	..	If	Rej.	If	P + 3	P + 2	Rej.
145	..	..	P + 1	Valde	111	111	111 + 3	P — H
146	..	..	111	P + 3	..	..	111 + 3	P
147	..	..	P + 1	Rej.	Rej.	P + 1	P + 1	Rej.
148	..	..	P	Rej.	P	Unless	P	Rej.
149	..	..	Rej.	Unless	If	P + 1	P	Rej.
150	..	..	P + 3	P	If	Unless	P	Rej.
151	..	..	111	111 + 3	P + 3	111 + 1	111 + 3	P — H
152	..	..	P + 1	P + 3	If	111	111 + 1	P

Candidates Number.	Modern Languages.	Experimental Physics.	Anatomy.	Physiology.	Zoology and Botany.	Chemistry	Medicine.	FINAL AWARD. (If permitted to compete for Honours.)
154	..	..	P + 3	Valde	P + 2	111	111 + 1	P — H
155	P + 2	P	P	Unless	P	Rej.	P	Rej. (Passed 1 Botany & Zoology Modern Language and Physics)
156	..	..	111	111 + 3	111 + 3	111 + 2	Valde	P — H
157	..	..	111	P + 3	P + 3	111	111 + 3	P — H
158	..	..	P	P	P + 1	P + 3	P + 3	P
160	P + 3	..	111	P	P	111	Rej.	P
161	..	..	Rej.	Rej.	Rej.	P	P + 2	Rej.
162	..	..	If	Unless	P	P + 1	111	Rej.
163	111 + 3	P + 2	P + 1	Unless	P	P + 1	Unless	P
165	..	..	P + 1	P	P	111	111 + 2	P
166	..	..	Rej.	Rej.	Unless	Rej.	Rej.	Rej.
168	..	..	P	111 + 3	If	P + 3	111	P
170	111 + 3	P + 2	If	P	If	Rej.	Rej.	Rej. (except 1 the 4 subjects)
171	111 + 3	If	P + 1	P	P + 3	P	111 + 1	P
172	..	..	P + 3	Rej.	..	..	..	Withdrew
173	..	..	P + 1	P	If	P + 3	P + 3	P
174	..	..	Rej.	Rej.	Rej.	Rej.	111 + 1	Rej.
175	..	..	Rej.	Rej.	If	If	Rej.	Rej.
176	..	..	Rej.	Unless	Rej.	If	111 + 1	Rej.
177	P + 3	..	P + 1	Unless	If	P + 1	111 + 2	P
178	..	..	P	Rej.	..	Rej.	..	Withdrew
179	..	..	P + 1	Valde	P	111 + 1	111 + 2	P — H
180	..	..	P	P + 3	P	P + 1	If	P
181	P + 2	Rej.	..	..	If	..	..	Rej.
182	..	..	P + 3	111 + 2	P + 1	P + 2	111 + 2	P — H
184	..	..	P + 1	P	If	P + 3	P + 3	P
185	..	..	P + 3	P + 3	P + 1	P + 3	111 + 1	P — H
187	..	..	P + 1	111 + 2	111	P + 2	P + 1	P — H
188	..	..	..	..	..	..	..	Withdrew
189	..	..	Rej.	Rej.	If	Rej.	Unless	Rej.
191	P + 3	111	P + 1	P	111	P + 3	111 + 3	P — H
193	..	..	Rej.	Rej.	If	Rej.	Rej.	Rej.
194	Rej.	If	P + 1	Unless	If	P + 2	P + 3	Rej.
195	..	..	P + 1	P	P + 1	If	111 + 3	P
196	..	..	Rej.	P	..	..	..	Withdrew
197	..	..	Rej.	Rej.	Rej.	P	Rej.	Rej.
198	..	..	P + 1	P	If	111	P + 3	P
199	..	..	P	Unless	Rej.	Rej.	Rej.	Rej.
202	111	Unless	P + 1	111 + 2	P + 2	P + 3	111	P
203	..	..	P + 1	P + 3	If	P + 2	P	P
204	..	..	P	Rej.	Unless	Rej.	Rej.	Rej.
205	Rej.	Rej.	If	P	P	P + 3	111 + 1	P (except first 2 subjects)
206	..	..	Rej.	Rej.	Unless	If	Rej.	Rej.
207	..	..	Rej.	Unless	Unless	Rej.	Pessime	Rej.
208	..	If	Rej.	Rej.	If	111	Rej.	Rej.
209	P	111	..	..	P + 2	..	..	P

AWARD PAPER OF THE M.D. EXAMINATION AND DIPLOMA IN
MIDWIFERY.

Candidate's Number.	Midwifery Diploma	Modern Lan- guages.	Experi- mental Physios.	Medicine	Surgery.	Mid- wifery.	Medical Juris- prudence	Anat'my	Physi- ology.	FINAL AWARD (H permitted to compete for Honours.)
232	Rej.	P + 3	..	P	If	P	P + 2	P	P	P
233	P	..	P	P	If	If	P + 2	P	P	Rej.
234	..	..	..	P + 1	If	P	P + 2	Rej.	Rej.	Rej.
235	Rej.	..	..	111 + 3	P + 2	P	P + 2	Valde	Valde	P — H
236	..	..	Rej.	P + 1	Rej.	If	P	Rej.	P	Rej.
237	P	..	..	P + 2	P + 2	P + 2	111 + 2	Valde	Valde	P — H
238	..	..	..	P + 1	If	Unless	P + 2	Rej.	Rej.	Rej.
239	..	..	..	..	Rej.	..	111	..	..	Withdrew
240	Rej.	..	..	P	P	P	If	P	P + 1	P
241	P + 1	..	..	111	Rej.	P	P + 1	P	111	P *
242	..	..	..	111	P + 2	If	P + 3	P + 2	P	P
243	Rej.	..	..	P + 2	P	P	P + 2	P	111	P
244	..	..	..	P + 2	If	P	P + 3	P	P	P
245	P + 3	..	..	P + 1	P	P + 1	P + 2	111	111 + 1	P — H
247	..	..	..	P + 2	P	P + 1	P + 3	P + 2	111 + 1	P
248	..	..	..	P + 1	P	P + 2	111 + 1	111 + 2	111 + 2	P — H
249	..	Rej.	..	P + 2	P + 2	P + 2	P + 1	P	P	P
250	P	..	..	P	P	P	If	P + 2	P	P
251	P	..	..	P	P + 2	111	111	P	Unless	P
252	..	..	Unless	P	Rej.	P	P	P	Rej.	Rej.
254	..	..	..	P + 3	P + 1	111 + 3	P + 3	111 + 1	111 + 2	P — H
255	..	..	..	P + 1	P	P + 1	111 + 1	P	P + 1	P
256	Rej.	P + 3	..	Rej.	Rej.	P	P + 2	P + 2	Unless	Rej.
257	..	..	..	P	P + 1	P	P + 1	P	111	P
259	P	..	..	111 + 3	111	111	111 + 3	111 + 2	Valde	P — H
260	Rej.	..	..	P + 3	P	P	P + 2	111 + 1	P + 1	P
261	P	..	..	P + 3	Rej.	P	111	P	111 + 1	P
262	..	..	..	If	Rej.	P	If	P	P	Rej.
263	..	..	P + 1	P + 1	P	P + 3	P + 2	P + 2	P + 1	P
265	P	..	..	P + 1	P	P + 3	P + 2	P	P + 1	P
266	..	..	111	P + 1	Rej.	P	P + 1	P	P	Rej.
267	Rej.	..	..	P + 1	P	P + 2	111 + 2	P	Unless	P
269	..	..	..	P	P	P	P + 1	Rej.	Rej.	Rej.
270	..	..	..	If	Rej.	Rej.	P + 2	Rej.	Rej.	Rej.
271	..	..	..	P	P	P	P + 2	P	P	P
272	Rej.	P	..	P	P + 2	Rej.	P + 1	P + 2	P	Rej.
273	P	..	..	P + 3	111	P + 2	111 + 1	111 + 2	Valde	P — H
274	..	..	..	P + 1	P	111	111 + 2	P	P	P — H
275	Rej.	..	..	111	P + 2	P + 1	111	P + 2	111 + 1	P — H
276	..	P + 1	Rej.	P	Rej.	Rej.	P + 2	P	P	Rej.
277	..	..	..	Rej.	P	P + 1	111 + 1	P	Unless	Rej.

* Put to the Vote, and decided by 6 to 3.

CANDIDATES FOR THE MIDWIFERY DIPLOMA WHO HAD ALREADY OBTAINED
DR.'S DEGREE.

Candidate's Number.	Midwifery Diploma.
278	P
279	P
280	Rej.
283	Rej.
284	Rej.
285	P
287	P

APPENDIX II.

QUEEN'S UNIVERSITY IN IRELAND.—EXAMINATION PAPERS
AND SPECIMENS OF THE ANSWERS OF CANDIDATES.

PREVIOUS EXAMINATION IN MEDICINE.

October 6th, 1873—Morning.

WRITTEN EXAMINATION IN MATERIA MEDICA.

Examiner—Dr. GRIMSHAW.

1. Describe a Leech. What varieties of Leeches are used for medicinal purposes, and how much blood should a healthy leech abstract?
2. Give a classification of expectorants, giving examples of the more important drugs belonging to each class.
3. Give an account of Veratrum Viride, its preparations, doses, uses, and its physiological and therapeutic effects.
4. Enumerate the more important Antacids, and state under what circumstances and in what doses each may be employed with benefit.
5. Give an account of Arnica and its preparations.
6. Enumerate some of the more important Anthelmintics, stating the kind of worms in the destruction of which each may be most efficiently employed.
7. Give an account of the preparations, uses, doses, and modes of administration of Ipecacuanha.
8. What are the preparations of silver mentioned in the *British Pharmacopæia*, and in the treatment of what diseases has Nitrate of Silver been employed with advantage?
9. Enumerate the plasters of the *British Pharmacopæia*.
10. Give an account of Sarsaparilla, its preparations, and uses in medicine.

ANSWERS OF CANDIDATE NO. 107, WHO PASSED.

No. 1. The leech belongs to the sub-kingdom Vermes. There are two varieties used in medicine—*Sanguisuga medicalis* and *Hirudo officinalis*, distinguished from each other by the presence or absence of black spots on the under surface. The body of the leech is oblong, pointed towards each extremity, Convex above, flat below; on the under surface at one extremity is the mouth, armed with three crescentic rows of teeth. The Colour is, however, black, striped with green. A healthy leech should extract about an ounce of blood, including the quantity that comes away after the removal of the animal.

2. Expectorants are divided into those which constrict the vessels of the part—those which act on the mucus itself by dissolving it, and those which act by expelling the mucus: of the latter class are *Ippeacuanha* and *Tartar Emetic*. The second class contains some alkalies; and the first contains creasote.

3. *Veratrum viride* owes its efficacy to *Veratria*, which is, I believe, officinal, as also is the *Tinct*. It is used to diminish the force and frequency of the blood, which I think it does by acting as a sedative on the heart, but does not act as a depressor of the nervous system.

4. The antacids are principally Soda and its preparations, Potash and its preparations, Ammonia and its preparations, and Lithium and its preparations.

Soda is used very frequently as a Bicarbonate and is given in doses of from gr. x. to gr. xxx.; it is useful when there is an excess of acid in the Stomach, and to increase the alkalinity of the blood. Its effect is more permanent than that of Potash, for Potash acts as a diuretic, and is more quickly excreted by the kidneys; for this reason it is more useful in the treatment of acid urine than soda. Ammonia is used as an alkalie only when required to act in the Stomach, its volatility preventing its action further. The great uses of alkalies is in the treatment of urinary derangements, for the prevention and remedy of the lithic acid diathesis. For this purpose the salts of Potash are preferable to Soda salts, the litheate of Potash being more sol than the corresponding salt of soda; for the same reason the Salts of Lithia are preferable to both of these. It is the intermittent use of these salts, especially the soda one, which causes the appearance of concentric layers in many Uric acid calculi. The Uric acid is deposited first and irritates the bladder; a course of alkalie is given to soothe the bladder, it coats over the calculus, which now is not felt painful, and the

alkalie is discontinued in a short time; the Uric acid again begins to be deposited, and again irritate the bladder, and so on. The salts of the vegetable acids with $K. Na NH_3$ also act as alkalies, the veg. acid being converted into Carbonic acid in the blood and the alkalie set free. The most useful of these preparations are the Citrate, the Tartrate, the Maleate, and the Acetate. The Acetate of Potash is a very powerful diuretic. The Citrate is much used in Scurvy. Dr. Garrod attributes its effects in scurvy to the Potash while very many others ascribe it to the Citric acid. The latter view gains support by the fact that in the Lemmon juice, as much used in scurvy, the quantity of Potash is very small in comparison to the amount of Citric acid. The preparations of the antacids are:—

Liquor Potassæ. Dose 4 or 6*ʒ* largely diluted. Carbonate and Bicarbonate 10 to 30 gr. Tartrate and Acid Tartrate. Citrate, Acetate, Chlorate, Trochisci Chloratæ, Nitrate, Bromide and Iodide, Ferro cyanide. Of Soda there are Liquor sodæ, and bicarbonate. Trochisci Carbonatis, Tartrate, Liquor Sodæ Effervescentis. Acetate and Chloride, Soda Chlorata. Of Ammonia we have two, Liquores Fortior and Liquor Ammonia, a Bromide, a Spiritus aromaticus.

6. Some of the important anthelmintics are Koussou Kamala, Turpentine, Granati radices, and Macuna prurens, which is not officinal. These are direct anthelmintics. The indirect are purgatives generally. Indeed it is always advisable to precede the administration of anthelmintics by a purgative and also following it by one. Turpentine is useful in *Tœnia solium* principally. Koussou on the *Ascarides*.

Granati Radicis is supposed to act by its tannic acid, forming tannate of Gelatine with the gelatinous covering of the Worms.

7. The preparations of Ipecacuanha are Pulv. Ipecac. Co., Vini Ipecac., Tinct. Ipecac., Pil. Ipecac.

It is much used as Hippo-wine to assist the expulsion of the mucus from the throat of Children while teething, for which use it is given in doses of 1 to 5 minims on sugar or in Syrup. Ipecacuanha is also used as an emetic and sudorific. The dose of the Wine for an emetic is *ʒii*. or *ʒiii*.

8. The preparations of silver are metallic silver Argentum, Argenti Nitrate, nitrate of silver, and Argenti Oxidum or oxide of silver. Metallic silver is used for coating pills and for the prep. of the Nitrate. Nitrate of silver is given in Epilepsy, and in Ulcer of the Stomach; it is used in the latter disease as a sedative to the mucous membrane. It is also used largely as Lunar Caustic.

9. The Emplastra of the Pharmacopœia are

1. Ammoniaci cum Hydrargyro.
2. Calefaciens.
3. Cantharides.
4. Cerati Saponis.
5. Ferri.
6. Ferri Iodidi.
7. Guaiaci.
8. Hydrargyri.
9. Opii.
10. Resini.
11. Plumbi.
12. Saponis.

10. Sarsaparilla comes from the order Cinchonaceæ. The Pharmacopœia gives a Tincture and Decoction and also a compound decoction. The compound decoction is sometimes used in skin diseases. It is also a slight Tonic.

ANSWERS OF CANDIDATE, NO. 105, WHO WAS REJECTED.

2. Stamonium, Scillæ, Senega, Antimony.

4. The salts of soda and potash, such as the carbonate and bicarbonate, from ten to thirty grains where there is heartburn and simple excess of acidity of the intestinal juices. Magnesia sulphatis, and soap when we desire to counteract constipation as well as the acidity. Of these two the soap may be given in from two to three grains, and the magnesia sulphatis in doses of from one drachm to an ounce.

5. The Materia Medica specimen has stringy, thin, fibrous look about it, generally with leaves and roots attached. Acts as a stimulant.

One preparation only, the Tincture, which is not used internally, intend as a topical application.

6.
 1. Kamala—worm, *Tænia solium*.
 2. Filex mas male fern—Tape-worm.
 3. Santonica and its
 4. Alkaloid Santonine
 } Lumbricalis.
5. Turpentine.
5. Cusso—worm, *Tænia solium*.

7. Obtained from the plant *Cæphilis ipecacuanha*. The following are its preparations.

1. *Pilula ipecacuanha et scillæ*, diaphoretic and expectorant.
As a pill dose from five to ten grains.
2. *Pulvis ipecacuanha composita*, composed of *ipecacuanha* opium and a salt of potash, I think the tartrate, the *ipecac.* being $\frac{1}{2}$ a part, opium $\frac{1}{2}$ a part, and salt of potash 4 parts. This preparation is generally known as "Dover's powders" diaphoretic and sedative.
Dose from three to five on to ten grains as a powder.
3. *Trochisci ipecacuanha* made up with sugar, gum, *aciciæ*, water, *ipecacuanha*. Dose from three to six as a lozenge. Diaphoretic.
4. *Trochisci ipecacuanha et morphia* composed of the same ingredients, with the addition of *morphia*. Diaphoretic and sedative. I think this is one of the exceptions to the doses of the various preparations in this form, being from one to three as a Lozenge.
5. *Vinum ipecacuanha* composed of *ipecacuanha* and sherry. Emetic diaphoretic and stimulant. Dose of the wine from five to thirty minims.

8. The oxide and nitrate of silver as a tonic and alterative. The nitrate of silver has been used with advantage externally in surgically diseases, such as ulcers and various kinds of wounds as a stimulant to the granulating surface. Internally it has been found of great benefit in disorders of the stomach, such as dyspepsia. There is one objection to its use as it is said to discolor the skin of those who use it for any length of time.

9. *Cataplasma conii*, *Lini sinipis*, *Fermenti*, *Sodæ chloratæ*, *Carbonis*.

10. Obtained from *Smilax officinalis*. Alterative and tonic of much service in skin diseases especially syphilitic.

We have the following preparations—the decoctum, compound decoctum containing the following ingredients among others, *Sarsaparilla*, *Sassafras*, *Guica*, *Mezereon*.

The dose both of the decoctum and compound decoction are large, being from an ounce to several ounces at a time. The last preparation is the Liquid extract the dose being from half a drachm to an ounce or more if long continued, because the system gets accustomed to the drug and its power is lessened.

WRITTEN EXAMINATION IN PHYSIOLOGY.

October 4th, 1873—Morning.

Professor CORBETT, M.D.

1. Describe the processes which take place within the Duodenum Intestine, after the passage of Chyme through the pyloric orifice of the stomach.

2. Mention the principal organic and saline constituents of the Urine, and state the sources from which they are chiefly derived.

Professor REDFERN, M.D.

3. Describe the Capillaries of striated and non-striated Muscular Fibre. For what purposes is Blood supplied to Muscular Fibre? Give whatever proofs occur to you.

4. Describe the known differences of structure in the coats of vessels and their uses.

Professor CLELAND, M.D.

5. Describe the peculiarities of the Circulation in the veins as compared with that in the arteries and capillaries; and point out the causes on which they depend.

6. Describe the characters of the inspiratory expansion of the chest in quiet and in deep breathing, and in men, women, and children.

ANSWERS OF CANDIDATE, No. 107, WHO PASSED.

1. The chyme, after passage through the pyloric orifice, descends along the sup. horizontal part of the duodenum, receiving the secretion of Bruner's glands, and, at the centre of the vertical part, it meets with the secretions of bile and pancreatic juice. The effect of the former secretion is to aid the gastric juice in dissolving the albumenoid constituents of the food, and it also helps the pancreatic juice in its office. The great office of the pancreatic juice is that of emulsifying fats, in which it is, to a slight degree, aided by the bile. It also resembles the salivary juice in converting starch into sugar, differing from that secretion however in containing no Sulpho Cyanogen. Thus in its passage through the duodenum the food has its fat emulsified, its starch changed into sugar, and the albumenoid constituents that have

escaped partly the action of the gastric fluid, continue to undergo conversion into albuminose; and, by the vermicular contraction of the walls, is propelled into the jejunum.

2. The organic constituents of the Urine are—Urea derived from the decomposition of Nitrogenized tissues; Uric acid found only in small quantity in the human urine in a state of health; Hipuric acid also found in extremely small quantity; Hypoxanthine and sarken, the product of waste of the muscles; Epithelium, of the squamous variety, from the parietics of the bladder; Mucous corpuscles from the Bladder and Urethra, and, in disease, glandular epithelium and casts from the kidney. The saline constituents are Chloride of Sodium, Phosphates of Ammonia, Magnesia, and Calcium, together with Alkaline urates. The phosphates are derived more especially from the Brain and Nervous matter; Chloride of sodium comes from the blood.

3. The capillaries of striated muscular fibre are finer, being about the ~~size~~ of an inch in diameter. They have an elongated network with long narrow meshes; a fine capillary runs on each side of each muscular fibre and sends its branches to join its neighbour on the opposite side, at intervals of about 10 times the diameter of the muscular fibre thus :—

(Candidate's rough diagram.)

The finer the fibres of the muscle the more blood it will consequently get, for the closer will be the network of capillaries; and, in proportion to the supply of blood, will be the activity of the muscles; thus we see that in birds, where the greatest degree of activity prevails, the capillary meshwork is very small and the fibres very small. Non-striated muscle is not so plentifully supplied with blood as the striated, and its capillaries tend more to the polygonal network: the reason for this may be that the contraction of the non-striated muscle is not required to take place with the same degree of rapidity as is that of the striated, at least it is certain that it does not do so.

Blood is supplied to muscular fibre for its nutrition and for the purpose of removing from it the product of its waste. This is seen in the greater quantity of blood which goes to a set of muscles in active work, and the diminished amount going to paralysed limbs.

4. The coats of the large arteries contain an extremely small amount of muscular fibre and a very large amount of elastic tissue; the outer or fibrous coat is tough and strong, and all these are thicker and stronger in the systemic than in the pulmonary arteries. As the arteries decrease in size the amount of muscular tissue in their walls becomes greater and that of the elastic element less, till, in the small arteries, the muscular element almost

entirely supersedes the elastic. The arteries of the uterus are peculiar in that, during pregnancy, they contain a great amount of muscular fibre, while those of the placenta have none; and thus, at the time of the separation of the foetus from the mother, the mouths of the uterine arteries can close immediately by reason of the amount of muscle in them.

The coats of capillaries consist of a basement membrane or an epithelial lining. Many writers deny the existence of any but an epithelial wall, but one observer, (I believe Pavy), states that he has seen the basement membrane where the epithelial particles had been abraded. Passing onwards to the veins we find them very diverse in different parts of the body. The walls of them all are thinner than those of the corresponding arteries, they are much more easily torn and their external coat is much thinner. The coats of the two Venæ Cavæ where they open into the auricle have some of the muscular (striated) of the auricle prolonged in their coats. The veins of the interior of the skull are destitute of muscle, as also are those of the portal and hepatic veins and the umbilical. The veins of the extremities are furnished with valves connected with their walls.

The elastic tissue and muscle in arteries serve to regulate the current of blood going to a part and to equalize the flow, converting the jetting flow into a continuous stream. On the propulsion of the blood contained in the left ventricle of the heart by its systole into the already distended aorta, were the walls made of an unyielding material they would either burst; or, the walls being able to resist the force of the ventricle, would prevent the egress of the blood from that cavity; but as it is, the blood distends the artery, and, on the cessation of the ventricular contraction and the closure of the semilunar valves, the elastic recoil of the aortic wall and that of the other large arteries still keeps the walls in close pressure on the column of blood, and, during the diastole of the ventricle, keeps the blood still flowing onward; yet the elastic coat is no active agent in the propulsion of the blood, it can exert no force but what it has, as it were, borrowed from the ventricle, for it only returns the force which was expended in its extension.

The muscular coat has for one of its chief objects the *controlling* of the amount of blood to be directed to any certain organ, it also adapts the arterial system to the amount of blood contained in it at any particular time: this last office is what is termed tone. The muscular element in the arterial wall is presided over by the sympathetic nerve, which seems to exert an inhibitory influence on it, as by dividing the sympathetic in the neck of a Rabbit the ear became *enfrused* with blood, and, on galvanizing the cut end, it again returned to its original state. The way in which the muscle in the uterine veins acts I have mentioned already.

The lymphatic vessels have walls consisting of the three parts of arteries viz., external, int., and middle. The external is chiefly fibrous, the int., consists

of a delicate epithelium, with serrated edges, and the middle is very thin and contains some muscular fibre.

5. The circulation in veins is slower than in the arteries on account of the greater extent of the veins; all the veins are three times the area of their arteries, except the splenic, which is five times the area of its artery.

It is quicker in the veins than the capillaries, and is quicker in the large than the small veins. The slow rate in the Capillaries is due to their small size permitting only one blood corpuscle to pass at a time, and the amount of friction to be overcome; the rate of the blood in the capillaries is from one to two inches per minute, but as the length of capillary is very short it can complete the round of the circulation in the required number of seconds. The circulation in the veins has an intermediate capillary network, namely the portal, in which the veins from the chyliferous viscera break up into capillaries and unite again in the hepatic vein opening into the Cava inf.

6. In ordinary breathing in men the abdomen moves most and the chest very slightly; in deep inspiration the abdomen at first becomes distended, then the chest moves forwards too. In females this is not the case, the breathing is almost entirely thoracic, as distinguished from the other, which is termed abdominal; both the quiet and deep inspiration in women is thoracic, hence the greater mobility of the first rib in them than in males. This is probably the case to allow for the occupation of the lower part of the abdomen by the foetus. In children the breathing most nearly resembles that of women.

ANSWERS OF CANDIDATE, No. 105, WHO WAS REJECTED.

1. After the passage of the chyme through the pyloric orifice of the stomach into the duodenum it is brought into contact with the pancreatic and biliary juices. The *pancreatic juice* acts upon the starchy substances with which the gastric juice cannot deal, converting them into sugar, and thus making them fit for absorption. The pancreatic juice also acts upon the fatty substances, for we find in diseases of this organ (the pancreas) where its action is impaired, that the fatty particles of food are ejected with the faeces. The *bile* acts upon the fats, forming with them an emulsion, and by this means enables them to be absorbed by the lacteal vessels. It also lubricates the surface of the intestine, assisting in this process of absorption. The duodenum part of the intestine being particularly distinguished by the presence of the glands of Brunner, the secretion of these glands also enters into the process of changing the characters of the chyme as received from the stomach.

2. The principal organic and saline constituents of the urine are as follows: Urea, Uric Acid, Hippuric Acid, *Sulphuric* Acid, Phosphoric Acid, Chlorine, Chloride of Ammonium, Potash, Soda, Lime, *Mucous*, Kreatin, Kreatinin, Pigment, *Xanthin*, and colouring matter.

Urea, Uric Acid, Hippuric Acid, are obtained from the decomposed nitrogenous elements of the tissues and also from the surplus nitrogenous substances received as food. The other salts are mainly obtained from the articles of food, but may also be formed by the combination of decomposed tissue elements. I cannot tell the origin of either Kreatin, Kreatinin, or *Xanthin*: I should think they are derived from the tissues. The colouring matter, if I remember rightly, is obtained from the bile.

3. The capillaries of striated muscular fibre are composed of a single layer of epithelial cells, with a fine structureless membrane on the outside. I cannot just think of the non-striated capillaries, though I feel certain that there are two kinds of capillaries. Blood is supplied to muscular fibre for its nutrition. That this is so is evident from the fact that exercise, which increases the flow of blood to muscle, promotes its growth and development. That rest, which lessens the flow of blood, will produce in time atrophy of the muscular fibres. It may be said that these are mere assertions, not proofs. However I apply them as follows:—Take the arm of the blacksmith or the leg of an opera dancer, with no obstacle to the flow of blood in the vessels, and we find in both cases an increase of development greater than would be so if the limbs were at rest. The ligature of the vessels of a limb and the consequent decrease in the flow of blood, or even total stoppage of it, will produce atrophy of the limb, even though we should try natural or artificial means, as electricity, to give it exercise. Exercise may be necessary, but if there is no blood to come to the part however much we may exercise it, it will die.

4. Vessels have three different coats made up of various structures—the inner of epithelium and elastic tissue—the middle of muscular tissue with a slight proportion of elastic—the outer, of fibrous tissue for the most part. The proportion of these tissues vary in different vessels. The large vessels near the heart (arteries) have a greater proportion of elastic tissue, while the smaller ones in other parts of the body have muscular tissue predominating. Epithelium tissue forms a smooth lining for the passage of blood. The elastic tissue will guard against any sudden distension of the vessels and will bring back the vessels to their original size, and the muscular tissue will equalize the current of blood, lessening the capacity of the vessels during momentary diminution in its flow. Veins have less elastic and muscular tissue than arteries, and the capillary vessels have neither.

Some authorities speak of seven coats, Quain does I think. I have in this instance given Kirkes, having first come to my mind.

5. The circulation in the veins is about one-third slower than in the arteries and rather quicker than in the capillaries. In the capillaries the blood passes through globule at a time, and this assists to decrease the rapidity of the flow of blood in the veins. It is also aided by the part exhaustion of the force of the heart. The presence of valves is also a peculiarity of the circulation in veins, preventing, as they do, any backward movement, and forming supports to the column of blood.

6. In man the inspiratory expansion of the chest is principally brought about by the abdominal muscles, in woman by the thoracic;—the abdomen swelling out in man, the thorax in women. In quiet breathing there is scarcely any perceptible motion, while in deep breathing the muscles both of abdomen and thorax conspire to produce a visible increase in the expansion of the chest.

FINAL EXAMINATIONS FOR THE DEGREES OF M.D. & M.CH.,
AND DIPLOMA IN MIDWIFERY.

September 30th, 1873—Afternoon.

WRITTEN EXAMINATION IN ANATOMY.

Professor CORBETT, M.D.

1. Describe the Velum Interpositum and Corpora or Tubercula Quadrigemina of the Brain.

2. Describe the Double Roots of the Spinal Nerves and their relation to the Spinal Ganglia, and state the direction of the primary branches, in passing to their respective destinations, in the Cervical, Dorsal, Lumbar, and Sacral Regions.

Professor REDFERN, M.D.

3. Describe the Shape of the Orbital Process of each Bone which assists in the formation of the Orbit, with its articular edges in the Orbit and the nature of their connections.

4. Give a short account of the Cuboid Bone, and describe the relations and attachments of Tendons and Ligaments to it.

Professor CLELAND, M.D.

5. Describe the relations of parts exhibited at the back of the Abdomen, between the attachments of the Diaphragm and the level of the crests of the Iliac Bones, after the Viscera have been removed and the parts dissected clean.

6. Describe the various Anastomoses of Arteries with their fellows of the opposite side in the face and neck.

ANSWERS OF CANDIDATE, No. 232, WHO PASSED.

1. The velum interpositum is a vascular membrane, continuous with the pia mater, which covers the surface of the *brane* beneath the arachnoid membrane, and is reflected into the interior of the *brane* at the transverse fissure.

It is of a triangular shape and is bordered on either side by a very vascular fold, called the choroid plexus, which is continued across from one lateral ventricle to the other through the foramen of Monro.

It derives its supply of blood from two sources, viz. the vertebral and internal carotid arteries, and which is returned by the *venæ galeni*.

The corpora quadrigemina are small rounded bodies situated at the base of the brain in front of the posterior perforated space; the two anterior ones are called the nates, the two posterior the testes.

They are composed externally of white fibrous substance and internally of gray and are the nervous centres for the sense of sight, giving origin to the optic tracts.

2. The spinal nerves arise from the cord and pass out through the intervertebral foramina. They are round fibrous cords, the posterior root being generally the largest and on which the ganglion is placed. At their origin they emerge through different apertures in the dura mater, and unite on the outer side of the intervertebral foramen, where the posterior root is in relation beneath with the ganglion. In the cervical region the anterior branches of the spinal nerves pass forwards, supplying the parts on the front of the neck; the posterior pass downwards and backwards, some of them turning upwards, to supply the parts on the posterior aspect of the neck. The four lower cervical nerves (their antr. branch) together with the first dorsal, which form the brachial plexus, pass vertically down beneath the clavicle, distributing branches to the upper extremity.

In the dorsal region they pass forwards and backwards respectively to supply the parts on either side the *mesial* line.

The anterior branches of the four upper lumbar nerves which form the lumbar plexus give off branches, some of which pass downwards and outwards, others directly downwards giving branches, to the hip joint and the thigh and leg.

In the sacral region the superior gluteal nerve passes outwards through the greater sciatic notch above the pyriformis muscle, curving upwards and outwards to supply the parts in this region, while the greater and lesser sciatic nerves are continued vertically down on the back of the thigh to supply the adjacent parts.

No Answer to No. 3.

4. The cuboid bone is placed on the outer, side of the tarsus between the os calcis behind, and the fourth and fifth metatarsal bones in front. It is of an irregularly cuboid form and is marked on its under surface by a deep groove, for the passage of the tendon of the peroneus longus across the sole of the foot to the base of the metatarsal bone of the great toe, a sesamoid bone being *developed* in the tendon. The flexor brevis pollicis is partly attached to its under surface, and the long and short planter ligaments (long and short calcaneo-cuboid) are inserted into the tuberosity, behind the peroneal groove. There is also a fasciculus from the tibialis posticus attached to its under surface.

5. The Aorta lies along in front of the spine, inclining to the left; the Vena Azygos Major passes upwards on the right side of the vertebral column, and the thoracic duct on the left. The superior Vena Cava ascends on the right side of the aorta, passing beneath renal artery of that side.

The coeliac axis, solar plexus, and the superior, and inferior, mesenteric arteries are placed in front of the aorta. The psoas magnus and parvus muscles are placed on either side of the spine, the former being pierced by branches of the lumbar plexus with the ureter lying on it in front.

The kidneys are placed in front of the psoas magnus muscles, resting on them with the ureter and renal vessels, the renal vein above and in front, the renal artery in the middle, and the ureter behind and below.

The hypogastric plexus is situated in front of the aorta at its bifurcation into the common iliacs.

6. The following branches of the facial artery anastomose with its fellow of the opposite side, viz., the angular arteries at their termination at the inner corner of the eye.

The *lateralis nasi* on the nose and the superior and inferior coronary in their regions.

The *ranine* branch of the lingual artery anastomoses with its fellow near the apex of the tongue.

The *hyoid* with its fellow on the outer surface of the hyoid bone, also the *hyoid* branch of the superior thyroid, the superior laryngeal and cricothyroid branches of the same artery on the outer surface of cricothyroid and thyrohyoid membranes with their fellows of the opposite side.

ANSWERS OF CANDIDATE, NO. 233, WHO WAS REJECTED.

No. 1. The *velum interpositum* is a process of the pia mater, prolonged into the interior of the brain, through the transverse fissure passing beneath the posterior rounded border of the corpus callosum. The *velum interpositum* is triangular in shape; it forms the roof of the third ventricle, and lies beneath the body of the fornix. Its anterior extremity or apex is bifid, each bifurcation being prolonged into the corresponding lateral ventricle, the lateral edges form the choroid plexuses of the lateral ventricles; from its under surface are given off the choroid plexuses of the third ventricle.

The choroid plexuses are minute highly vascular villous processes, which contain a central *nucleus* and a bright yellow spot.

The arteries of the *velum interpositum* enter through the descending horn of lateral ventricle; its veins join with the veins of the corpus striatum to form a large vein—the *vena galeni*, which runs along the under surface of the *velum interpositum*. The choroid *plexuses* along its lateral edges form part of the floor of the lateral ventricle, being covered by the lining membrane of the ventricle. The *corpora quadrigemina* are four small bodies placed in pairs, being situated behind the posterior commissure of the third ventricle; the two anterior pair are called the *nates*, and the posterior pair the *testes*; on the anterior pair the pineal gland rests, from the posterior pair two rounded cords pass backwards and downwards to the cerebellum and are called the *processes e cerebello ad testes*; the *corpora quadrigemina* receive some fibres from the olivary body. The optic tracts partially arise from these bodies, by two *brachia*, anterior and posterior, the former being attached to the *nates*, the posterior to the *testes*; in structure they are composed of grey matter externally and white *substance* internally.

2. The anterior roots of the spinal nerves arise from a linear series of *foramina*, on the antero-lateral column of the chord. Some fibres pierce the

lateral tract, and run, some vertically upwards, others vertically downwards; others run across the anterior commissure and decussate in all directions, like the expanded hairs of a brush.

The posterior roots are attached directly to the posterior white columns of the chord. Some fibres pass forwards into the lateral tract and anterior pillars, others immediately pass to the opposite side and ascend in the grey matter. The posterior roots are larger than the anterior, but their filaments are smaller; the roots pass outwards through the spinal foramina receiving an investment from arachnoid and dura mater of the chord. Passing through the foramen the fibres of the posterior root are collected into two large bundles, each of which enters a large ganglion; after leaving the ganglion they join together and unite with the anterior root, which has no ganglion developed upon, but passes beneath the ganglion of the posterior root. After emerging from the foramen the spinal nerves divide into two branches, anterior, and posterior, which supply the anterior and posterior parts of the body. The spinal nerves in the cervical region pass almost horizontally in the upper part, the lower cervical nerves pass more obliquely. In the dorsal region the spinal nerves are more oblique, their point of origin being two or three vertebræ above their point, leaving the spinal foramen; in the lumbar and sacral regions this obliquity is still more.

3. The orbital process of the malar bone is concave above and convex below. It articulates above with the external angular process of the frontal bone and behind this with the great wing of the sphenoid; below with superior maxillary bone. The orbital plate of superior maxilla is slightly concave from side to side, and articulates externally with the orbital bone, and internally with the internal angular of frontal, and below this with *lacrymal*. The horizontal plate of the frontal bone forms the roof of the orbit, and its back part is formed by the greater and lesser wings of the sphenoid.

No Answer to No. 4.

5. The kidneys will be seen one in each lumbar region. They rest behind on the corresponding crus of diaphragm and on the anterior lamella of the transversalis, which separates each kidney from the quadratus lumborum and psoas magnus. Each kidney extends from tenth rib to crest of the ilium; the right kidney corresponds to the lower border, and left to the upper border of tenth rib. Each kidney has resting upon it above, and in front, the supra-renal capsules, the right capsule being in relation internally with the inferior vena cava, and the left with aorta. Each capsule is also in relation internally with the semilunar ganglion and splanchnic nerve; behind, the capsules rest on the crura of the diaphragm; the ureters are also seen passing downwards and inwards, being crossed by the spermatic vessels.

In the middle line may be seen the thoracic duct lying to the right of the aorta.

The aorta and its branches are also exhibited and the inferior vena cava; the psoas muscle also lies at the back part of abdominal cavity, having the upper part of the lumbar plexus of nerves in its substance; and, from the outer part, the muscle may be seen emerging the ilio-hypogastric and ilio-inguinal nerves. In pregnancy the uterus will be in abdominal cavity; and the bladder in children; and, when distended, in adults.

WRITTEN EXAMINATION IN PHYSIOLOGY.

October 3rd, 1873—Morning.

Professor CORBETT, M.D.

1. State the Functions over which the Medulla Oblongata presides, or in which it co-operates with other parts of the Nervous System.

2. Mention and explain the actions in which the Glosso-pharyngeal Nerve participates.

Professor REDFERN, M.D.

3. How can Contraction be produced in the Muscular Fibres of the Limbs and in those of the hollow Viscera? Describe the characters of the Contraction in each case.

4. Whence are the Blood Corpuscles derived? State the reasons which have been urged in favour of their formation in the Organs of the Adult.

Professor CLELAND, M.D.

5. State what is the function of the Pancreatic Juice, and give an account of the evidence by which it is known.

6. Describe the Epithelia of the following parts:—the Malpighian Corpuscles of the Kidney, the convoluted and straight Uriniferous Tubules, the Ureter, and the Bladder.

ANSWERS OF CANDIDATE, No. 232, WHO PASSED.

1. The medulla oblongata is the principal nervous centre for exercising and controlling the motor impulses of the body, being the centre of muscular sensibility; that is, it receives impressions of the particular state or condition

of the muscles which is necessary for its action over them. Therefore, when either it is rendered partially inefficient by disease, or injury, the muscular movements over which it presides are no longer exercised or controlled by the will, but manifest their actions in a spasmodic or ludicrous manner.

In it takes place also the decussation of motor impressions; for, whenever one lateral half is destroyed by disease or division there is paralysis of the parts corresponding, not to the injured side, but on the opposite half of the body.

And as it is also the origin of the eighth and ninth pairs of nerves it must influence the actions of the various parts and viscera supplied by them. Through the pneumogastric it will exercise an influence over the secretions of the stomach and consequently the general nutrition of the body, and has also a restraining power over the action of the heart; and so also with the hypoglossal, glossopharyngeal and spinal accessory nerves. It regulates the several processes and actions of the parts supplied by them.

Its continuation with the spinal cord is necessary for its power over the extremities, because motor impression made on the peripheral extremities of nerves given off from the cord are conveyed by the anterior columns of the cord to the medulla where they decussate; the decussation of sensitive impressions taking place at their point of entrance into the cord.

2. It participates in the action of deglutition and in the sense of taste, it has also a motor influence over the muscles of the soft palate. Its actions over deglutition is thus explained:—when portions of food enter the pharynx they make an impression on the extremities of the pharyngeal sensitive branches of this nerve, which supplies the pharynx by which they are conveyed to the medulla and by which they are reflected. This is entirely a reflex action. Through its branches supplied to the tongue it confers the sense of touch and taste to the sides and posterior superior surface of this organ, as far as the foramen cœcum in front, and to the posterior arches of the fauces and soft palate behind; and, that such is the case, is proved when in consequence of disease or injury implicating this nerve, the special sense of taste is absent from the parts of the tongue and fauces supplied by it, while it is still retained by the parts supplied by the gustatory or lingual branch of the fifth.

3. Contraction can be produced in the muscular fibres of the limbs either by efforts of the will or by involuntary reflex action.

For instance if the sole of the foot or the palm of a sleeping child be tickled, the impression made on the peripheral terminations of the sensitive nerves supplying the part will be conveyed to the brain, and thence reflected by the motor fibres distributed to the part, and an involuntary contraction of the muscular fibres ensues.

In case of voluntary contraction, the mind perceives the position and condition of the muscle of the part, and, by its motor power, has a *direct* action on its fibres.

In the case of the hollow viscera it is entirely involuntary. The contact of portions of food, &c., with the lining membrane of the part, produces an impression upon the sensitive nerve-fibres distributed to that portion of the viscus through which it is conveyed to the medulla oblongata, and thence reflected by motor filaments, and the result is an involuntary contraction. In this instance the action is always involuntary.

4. They are derived from the lymph and chyle which has been elaborated by its passage through the lymphatic and glandular system and the thoracic duct. It appears the chief use of the ductless or blood glands such as the spleen, thyroid thymus, suprarenal capsules, Peyer's glands and lymphatics, is in the production of the white-blood corpuscles, the red-blood cell being afterwards formed from the nucleus of the white.

For in cases where the white corpuscles have been produced in excess, such as leucocythemia, those glands, and especially the spleen, have been found greatly hypertrophied or enlarged; also the colourless corpuscles of the spleen are identical with the white corpuscles of the blood.

5. The function of the pancreas is manifested by its property of converting starch into dextrine and thence into grape sugar, by transforming fats into an emulsion and dissolving albumenoid substances.

That it possesses this power was proved thus:—when some of the juice or portions of pancreas were added to starch paste, it was readily converted into sugar.

6. The epithelium of the Malpighian corpuscles is of the spheroidal variety. The convoluted and straight tubes are furnished with the columnar epithelium which is continuous with that lining the upper part of the ureter.

ANSWERS OF CANDIDATE, 233, WHO WAS REJECTED.

1. The medulla oblongata *precides* over the following functions :

1st. In the olivary body is seated the power by which the articulated movements necessary for speech originate.

The proof of this is that in certain cases in which the olivary bodies are injured or destroyed from any cause, the movements necessary for the production of speech are wanting.

2nd. The medulla is the nervous centre which *presides* over the function of respiration.

3rd. It *presides* over the action of the heart by means of the *vagus* nerves.

4th. Over the process of digestion.

5th. Over the co-ordination of muscular movements.

The proof that the medulla presides over respiration is that the chord may be cut away below and the brain above, until the point of origin of *vagus* nerves is reached, and the animal will *breath*, but immediately on this being wounded death *ensues*.

When the *vagus* nerves are divided the heart action becomes slower.

Also when these nerves are divided during digestion this process stops *temporaly*.

A wound of the medulla causes instant Bernard on irritating the floor of the fourth ventricle in animals found sugar in the urine, he therefore came to the conclusion, that there was some connection between the sugar producing power of the liver and the medulla.

2. The glosso-pharyngeal nerve participates in the action of swallowing. This action consists of three parts.

In the first a morsel of food is carried backwards by a voluntary effort, through the anterior arch of the fauces.

In the second it passes through the isthmus of the fauces down into the pharynx. This action is thus performed :—after the food passes through the anterior pillars of the fauces, they contract behind it, at the same the *volum pedulum* palati is raised and pressed against the back part of the pharynx covering the openings of the Eustachian tubes and also preventing the food from regurgitating through the posterior nares; at the same time the larynx is raised together with pharynx, the epiglottis is pressed down and the *rima glottis* contracts.

In the third part the food is passed down the œsophagus by replex action, the food as it passes causing a sensation by which its presence is conveyed to the medulla. When a fluid, such as water, is being swallowed, several of the complicated actions of the second part do not occur, the fluid seeming to pass down almost by its own gravity.

The glosso-pharyngeal nerve is also one of nerves of taste, and supplies the *papilla* at the back part and base of the tongue. It also supplies the *stylo pharyngeous* muscle and gives branches to the soft palate, pillars of the fauces, and tonsils, and gives a branch to the pharyngeal plexus.

3. Contraction can be produced in the fibres of the limbs by cold electricity. Certain styptics such as per-chloride of iron, turpentine.

Contraction of the fibres of hollow viscera may be produced by cold, by nervous action, or by electricity.

4. The corpuscles in the human foetus in following manner are first derived.

In early uterine existence the outlines of the heart and large blood vessels seem to be laid down as simple tracts of cells; at a later period the innermost cells soften down and form blood, some of the cells *all though detached* from the inner-wall not becoming fluid blood but remaining solid in the fluid. In this manner the first cells in foetal life are formed. At the same time that these changes are taking place in the inner layers of cells, the outer layers become developed into the walls of the heart and blood vessels.

These cells or corpuscles are first colourless, and nucleated, and increase by the division of their nuclei; later on they become mingled with colored nucleated corpuscles, and at the time in foetal life when the liver is formed, the colored nucleated cells seem to be formed chiefly by this organ. Still later on in foetal life the colored nucleated are replaced by cells, nearly the same as the adult red corpuscles.

In adult life the corpuscles are of two kinds, red and white. It is admitted by all physiologist, that the red ones are derived from the white. either by the nucleus enlarging and filling up the cell, or by the cell wall breaking down and allowing the *nucleous* to escape. The latter appears to be the most likely theory.

The white corpuscles seem to be formed in the following organs :

In lymphatic glands and spleen principally; and the Thyroid gland and supra-renal capsules are supposed to take part in the production of white cells. However the part which they perform is not well understood.

The proof that the spleen performs the part of a white cell producer is, that in the blood of the *spleenic* vein the number of white corpuscles is greatly in excess of the number found in the *spleenic* artery.

Also in certain diseases in which the white corpuscles are greatly increased such as leucocythæmia, &c. the spleen after death is found much enlarged.

The proofs the lymphatic glands produce white cells are, that on examination of the contents of a lymphatic vessel after its passage through a gland the amount of cells will be increased; or, if no cells *existed* previously, some will then be found.

In foetal life the thymus gland is supposed to take some part in the production of cells.

5. The pancreatic juice seems to perform two principal functions :

1st. The emulsifying of fats, that is the coating over of each small fatty

particle by a layer of albumen, so that it may be absorbed by the villi of the small intestines.

The proof that it performs this function is, that in certain cases in which the pancreas was diseased the amount of fatty matter in the evacuations is much increased.

A further proof that it performs this function was given by an experiment made on a rabbit. In the rabbit the duct of the pancreas opens into the intestine, 6 inches above the point at which the common bile duct opens. On tying the intestine above the opening for the bile duct fat was found emulsified in the part of the intestine between the ligature and the opening of pancreatic duct.

2nd. The pancreatic juice converts starch into sugar.

The proof of this is, that the change of starch into sugar which has commenced in the mouth, stops in the stomach, and recommences again in the small intestines.

No. 6. In the Malpighian corpuscles the epithelium is glandular, in kidney tubes spheroidal, and in the ureter and bladder squamous.

The squamous epithelium *consists* of flattened nucleated cells, polyhedral or hexagonal from mutual pressure.

WRITTEN EXAMINATION IN MEDICAL JURISPRUDENCE.

October 1st, 1873—Afternoon.

Examiner—EDMUND W. DAVY, A.M., M.D., T.C.D.

1. Insanity is sometimes feigned by persons accused of criminal offences ; state some of the inquiries and observations it would be proper for the medical witness to make to enable him to detect such suspected imposition.

2. Are we to expect in every case of death from violence or maltreatment that there must be some specific and visible mortal injury to account for that event? And state why such an expectation should or should not be entertained.

3. What very serious consequences may follow, after a variable period, the primary shock from Concussion of the Brain occasioned by a severe blow on the head? And point out the importance of remembering such, as regards the responsibility of the individual who inflicted the injury.

4. In the examination of infants found dead, what accidental cause should we bear in mind may produce in the new-born child appearances on the neck closely resembling those resulting from Strangulation? And state how we may generally be able to distinguish between the effects of such different causes.

5. State some of the principal circumstances which would lead you to infer that the symptoms observable in an individual were due to the action of some poison.

6. What are the usual symptoms produced by small and frequently repeated doses of Tartar Emetic? And where death was suspected to have been caused by that substance, thus criminally administered, state how you would proceed to detect its constituent Antimony in the tissues or organs of the body.

ANSWERS OF CANDIDATE, No. 232, WHO PASSED.

1. Enquire whether the person has an object in view for feigning such disease. The real lunatic will not confess he is insane, while the feigned is too anxious to admit it.

The real lunatic is not fatigued after the most protracted physical exertion while the other soon becomes exhausted; the real lunatic can gaze at the sun without winking the eyes, while the feigned cannot. And especially by watching him when he imagines himself unobserved, when the feigned lunatic will very probably discontinue his antics. Also by watching him closely we may perceive certain movements and ludicrous actions, which are never indulged in by the real lunatic.

2. We are not; because in cases of infanticide the child on the moment of birth may be received under the bed-clothes and so death may be produced without any external injury. Again the child at birth may fall into, or be received into, a vessel of water, and thus life be extinguished without any external marks.

3. Compression may follow either from the rupture of an artery within the skull, when there will be rapid or gradual extravasation of blood which may ultimately prove fatal. Also the pericranium may be deadened or disorganized by reason of the blow, this depriving the subjacent bone of its supply of blood, consequently there will be death of that part of the skull, with the formation of Pott's puffy tumour within that part of the cranium, and suppuration of the dura mater. This will very likely prove fatal after a

time, and certainly, if not operated for. With regard to the responsibility of the accused if the injury be committed maliciously with intent to kill, and if the person die within a year and a day after receiving the injury the accused is answerable for murder.

4. The umbilical cord if wound round the neck of the child may occasion such an appearance.

On examination of the lungs, if we find any evidence of the admission of air into them we may conclude that the child has been strangled. This may be distinguished by the Hydrostatic test, viz. :

1st. Place the lungs in a vessel of water and see whether they float.

2nd. Cut them into pieces, and subject those pieces to pressure under water and observe whether any air-bubbles escape on the surface; if so, the probability is that the infant has been strangled. Also by Plouquet's test which teaches that the lungs which have not breathed are to the weight of the body as one is to thirty-five, while those that have breathed are to the weight of the body only as one to seventy. Again on the surface of the lung that has breathed air-vesicles may be observed, and a greater or lesser number of minute red points corresponding to the capillary vessels. The lungs that have not breathed will sink when placed in a vessel of water.

In the case of strangulation the lungs will be found congested with air and blood, the left side of the heart will be empty, while the right cavities will be filled with venous blood; there will also be congestion of the nervous centres with effusion into the ventricles of the brain. The external mark on the neck may also be caused by the lips of the uterus constricting the part in cases of delay after the birth of the head.

5. If the person is suddenly attacked (after eating or drinking) with acute pain at the pit of stomach increased on pressure; if vomiting or purging be present, fever, quick or small and feeble pulse, pallor of countenance and a cold clammy sweat over the body, we may infer poisoning.

6. Nausea or vomiting, emaciation and debility, weakening of the heart's action, there may be the characteristic pustular eruption on the inside of the mouth, fauces, and throat.

There may be erosion of the mucous membrane of the stomach extending into the small intestine.

We may detect it in the following manner:—the tissues are to be finely divided and brought to the consistence of a thick gruel by admixture with

water, then digest in a porcelain dish for an hour over a waterbath with an ounce of HCL, adding powdered $K_2Cr_2O_7$ till the organic matters are disintegrated, next filter, concentrate by evaporation and pour into a flask, add a few drops of solution of bisulphate of soda till it smells strongly of sulphurous acid, heat the liquid now till this odour ceases, evaporate to about an ounce, add to the fluid an equal quantity of water, and examine by the usual tests.

Sulphide of Ammonium ($NH_4 HS$) will give the characteristic orange red Tersulphide of Antimony. If the liquid be acidulated with Hydrochloric Acid, an excess of water will throw down the Oxychloride of Antimony. Or we may employ Marsh's or Reinch's test, but the nascent Hydrogen is more purely evolved by the galvanic or electrical method; then if we apply the heat of a spirit lamp to the tube as the gas passes out (a Woulf's bottle is used) the Antimony will be deposited on either side of the heated part in form of a dirty, sooty, nonlustrous deposit. This examined with a microscope will reveal tetrahedral or cubical crystals.

Or if the gas be lighted as it issues from the tube and a porcelain plate inverted over it, the antimony will be deposited on the plate. This sublimate is soluble in Tartaric Acid, and the solution may then be examined by the liquid tests.

ANSWER OF CANDIDATE, No. 233, WHO WAS REJECTED.

No. 1. I would first inquire whether the individual exhibited any signs of insanity previous to the *committal* of the offence, or whether any of his relations, or his father or mother, suffered from insanity. Beside these inquiries I should have the patient watched closely. Really insane people will often carry on a number of violent actions for a number of hours together, and do not seem to suffer any fatigue from them; however, if a feigned madman attempts these actions he will very soon become exhausted; and he will also be very violent if thinks he is watched and will remain quiet when he believes he not under observation.

The real lunatic does not care whether he is watched or not. When a medical man is called on to examine a person suspected of insanity, if should the man unaccompanied by any other doctor, he should conceal from the man to be examined the fact of his being a medical man. In a really insane man there will be observed a restless wandering about of the eyes, or an inability to fix the attention for any time; real madmen will often sustain a voluntary *absence* from food for a long time.

2. There may be some very severe internal injury following on violence without any external wound. Thus the liver, spleen, and kidneys may be

ruptured from an injury to the abdomen and *their* may be nothing externally to indicate the lesion. Slight blows on the chest have been known to cause rupture of heart there being not any external injury. Blows on the head have been known to cause death without external wound. The heart's action has often ceased from some slight violence, the shock being *sufficient* to paralyze the heart.

Supposing a woman to be delivered in a bath of a child, there would be not means by which a medical man could ascertain whether the child was murdered or not.

3. The consequences which may follow concussion of the brain are inflammation of the brain or its membranes or both combined, or irritability of the brain may ensue. The former of these is the most serious event and may terminate in the patient's death.

Another result sometimes known to occur is the formation of an abscess between the dura mater and internal table of the skull; this causes death of the bone and may be followed by pyæmia.

If the concussion is accompanied by an external wound, this may lead on to *erysipelas* of head.

Beside these events there are others which may follow at a still longer time, the injured man's intellect may not be as good as it was before the blow, he may be unable for any sustained mental effort, a very small amount of drink may intoxicate him, and a small amount of excitement may bring on head symptoms. Softening of the brain has been known to follow such injuries, giving rise to all the usual symptoms of such a state; amaurosis and deafness have also been known to follow such blows.

Now supposing a man to receive a severe blow, and the accused person is in custody, I think he should be kept there until such time as injured man is out danger of inflammation pyæmia.

The more effects I have named should also be remembered by a medical man who may be examined as a witness.

No. 4. The child may be strangled by the umbilical cord, the cord pressing so much on the trachea during birth that the infant is not only unable to *breath* when its head is born, but the same pressure may cause ecchymosis.

If the ecchymosis be caused by the cord it may be double and there will be no signs of air in the lungs.

No. 5. First the fact the person has been in good health up to a certain time and then that certain symptoms come on *suddenly*, or the supervention of certain symptoms soon after a meal, or the drinking of some fluid.

Or if we discovered in any food or drink or in any harmless medicine a

poisonous substance, and the individual was known to have taken part of these previously.

If violent vomiting or purging come on suddenly with great pain in the stomach and intestines, or if great drowsiness, stupor, and insensibility come quickly, the patient having received no violent injury.

No. 6. The usual symptoms will be great weakness, a weak quick pulse, a sinking of the apex beat of the heart, there will also be nausea and vomiting; in addition to these symptoms tartar emetic is a cumulative poison, that is, one in which a number of small doses may be taken in succession without producing any very bad effects for some time, and in the end most dangerous symptoms may suddenly come on. These most probably will be great depression and weakness, fainting fits, nausea, vomiting, convulsions, coma, and death.

The fact of tartar emetic being a cumulative poison should always be *bourné* in mind when *its* being administered.

WRITTEN EXAMINATION IN MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN.

October 2nd, 1873—Morning.

Examiner—Dr. T. MORE MADDEN.

1. To what forms of displacement is the Gravid Uterus liable; which is that most frequently met with in practice; and how should it be rectified?

2. Mention the signs of the Death of the Fœtus in utero before and during labour.

3. Describe the mode of introducing the Catheter during the second stage of labour.

4. Under what circumstances and in what manner may Ergot be administered during labour; and what are the contra-indications to its use?

5. You are called to a patient who has been delivered after a natural labour two hours previously. When you arrive you find the woman lying on her back, sunk down in the bed, moaning slightly, and tossing her arms to and fro; her face is pallid, her lips are blanched, her respiration is sighing, her skin is cold, the uterus is not contracted, her pulse at the wrist is almost

imperceptible. On examining the napkin at the vulva you find nothing unusual. What is the nature of this case, and what treatment would you adopt in it?

6. Describe the causes, symptoms, and treatment of Phlegmasia Dolens.

7. What is the cause and what the treatment of Ophthalmia Neonatorum?

ANSWERS OF CANDIDATE, No. 232, WHO PASSED.

1. Antiflexion, Retroflexion, Antiversion, Retroversion, Prolapsus, and Procidencia.

Prolapsus is the most common and is rectified by introducing the uterine sound and pushing it backwards into its position in the pelvic cavity, the patient being placed on her back with the pelvis raised. She must be kept in the recumbent position for a considerable time and wear a plug afterwards.

2. While in the uterus the signs of death are before labour—the cessation of the movements of the child which previously were felt by the mother; recession of the umbilicus with a flabby condition of the abdominal walls; the sensation of a dull heavy weight in the abdominal cavity; the gradual weakening of the sounds of the foetal heart and their becoming finally inaudible.

During labour, the signs mentioned above, together with the feeling of a flabby emphysematous condition of the integuments of the head of the child.

3. The index finger is placed in the lower part of the vagina, pressing against its upper boundary at the entrance; then feel for the meatus urinarius, and the catheter, held lightly between the thumb, index, and middle finger of the same hand is made to enter the meatus and pushed along gently into the bladder. The patient is lying on her back.

4. When the uterine pains have nearly ceased or are altogether inefficient, when the os is fully dilated and there is no obstruction to the passage of the child, and when the practitioner is prepared to deliver with the forceps in an hour after its administration. It is given in the form of an infusion by infusing gr. xx. or gr. xxx. of powdered ergot in an ounce of water and then giving it dregs and all. This is considered very effective, or the liquid extract may be given in doses of min. xxx. The powder itself is used in doses of

gr. x. to gr. xxx., but is not considered very certain. The contra-indications are—narrowing of pelvic outlet, undilated os uteri, tumours in the pelvis, exostosis of its walls, and rigidity of the perineum.

5. There is copious and dangerous hæmorrhage into the uterine cavity. The patient must be placed quietly at rest on her back on a mattress with light covering and in a cool apartment; then administer quickly a full dose of ergot with about min. 60 of Tr. opii, also small doses of brandy and water at frequent intervals till the pulse becomes a little firm. Apply cold to the vagina and abdomen, or clasp the uterus with one hand while with the other cold is applied.

If that does not prevent the unfavourable symptoms, and if the patient continues to become gradually weaker, transfusion of blood may be tried as a last resource.

6. The causes are, exposure to cold after parturition and especially if the patient gets out of bed too soon, the retention of noxious secretions or decayed portions of placenta. The symptoms are—a white, brawny, non-œdematous swelling of one leg generally, there is great pain and loss of all power of using the muscles and its occurrence after labour.

The treatment consists of poultices and poppyhead fomentations to the part with internal remedies to relieve pain; tonics, wine, and light nutritious food with cod-liver oil to support the strength.

Attention to the bowels and uterine secretions, the patient being placed at perfect rest in bed.

7. Exposure to cold just after birth.—Treatment :—The application of a weak solution of nitrate of silver to the conjunctiva, a little dilute citrine ointment between the lids at night and the washing away of any secretions with lukewarm water, the infant must be warmly clothed in flannel and kept free from cold.

ANSWERS OF CANDIDATE, No. 233, WHO WAS REJECTED.

1. The forms of displacement are retroversion, anteversion, and prolapse of the uterus.

The prolapse is the commonest form of these.

2. The signs of death of the fœtus before labour are :

1st. A peculiar sensation which the woman feels and by which she can almost invariably tell that the child has died.

2nd. The cessation of the foetal heart-sounds.

3rd. The absence of the placental *murmur*.

4th. Supposing a pregnant woman's abdomen to be steadily increasing up to a certain time and that this increase suddenly ceases, there would be reason to suspect the death of the foetus.

The signs of death during labour are :

1st. Absence of the foetal heart sounds.

2nd. Absence of placental *murmur*.

3rd. The vaginal discharge becomes very offensive, and has a peculiarly unpleasant smell.

4. The circumstances which call for the administration are :

1st. A want of tone in the uterus (the uterus being so weak and feeble as not to be able to contract), the os uteri must be fully dilated before the ergot is given.

2nd. A dose of ergot should be given immediately after delivery if we have any reason to fear post-partum hæmorrhage, either from the present condition or from the fact of her having suffered from hæmorrhage during her former labours.

The circumstances which contra-indicate the administration of ergot are :

1st. The fact of the os uteri being undilated.

2nd. A deformed pelvis.

3rd. Any inclination to head symptoms such as convulsions, &c.

4th. It should not be prescribed unless we are prepared to deliver the child in an hour.

5th. It should not be given in any preternatural labour.

The best way of giving ergot is to infuse about a drachm of the powdered ergot in half a pint of boiling water, for about 20 minutes, and then give half of the infusion, with the infused powder, in combination with a little milk; if this dose fails the remaining half should be given in about a quarter of an hour; if this also fails I think there would be no *benefit* gained in giving any more ergot.

5. I believe the nature of this case is the following :

The symptoms are caused by the formation of a blood clot in the right side of the heart. This clot is carried by uterine veins into the abdominal

gr. x. to gr. xxx., but is not considered very certain. The contra-indications are—narrowing of pelvic outlet, undilated os uteri, tumours in the pelvis, exostosis of its walls, and rigidity of the perineum.

5. There is copious and dangerous hæmorrhage into the uterine cavity. The patient must be placed quietly at rest on her back on a mattress with light covering and in a cool apartment; then administer quickly a full dose of ergot with about min. 60 of Tr. opii, also small doses of brandy and water at frequent intervals till the pulse becomes a little firm. Apply cold to the vagina and abdomen, or clasp the uterus with one hand while with the other cold is applied.

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5. I believe the nature of this case is the following :

The symptoms are caused by the formation of a blood clot in the right side of the heart. This clot is carried by uterine veins into the abdominal

veins and thence into the inferior vena cava and thence into the right auricle; this clot then impedes the circulation and causes the symptoms mentioned.

Stimulants should be given freely and I think brandy is the best of these; liquor ammoniæ should also be given.

6. The causes of phlegmasia dolens are bad management of the woman after labour, such as the neglect of sanitary regulations, cleanliness being neglected, and the intestinal canal not being cleared out. Another very common cause is drinking whiskey or porter in any large quantity after labour,—this cause is more especially prevalent among the poorer classes. Porter is said more especially to cause this disease; excessive eating or cold are also said to be causes.

The symptoms are, about from 10 to 16 days after delivery, the woman complains of pain in the upper part of the *tigh* or in one of the labia. This pain is most usually on the left side; on *examining* the part it will be found very tender to the touch, and slightly œdematous, but it does not *pitt* much on pressure, and if the finger is drawn over the part there will be a feeling as of elevations and depressions. This œdema extends down the limb, which becomes swollen, enlarged, tense, the skin having a glazed appearance.

In addition to these symptoms the *lochea* and milk are suppressed, the woman has the usual symptoms of fever, headache, quick pulse, and constipation, &c.

The treatment—apply leeches to the part and hot *fomentations*, give saline purgatives, and pass a catheter into bladder to draw any urine that may be there: the bowels should also be cleared by an enema.

Pain may be relieved by opium, and sleep obtained by chloral. The woman should be kept as quiet as possible and the *apparent* cool.

These means may stop the progress of the disease. If, however, they do not and it goes on to the formation of matter, free incisions should be made into the limb and the pus let out; the patient's strength must at the same time be supported by stimulants and strong *nurishment*.

7. The cause of ophthalmia neonatorum is the acrid vaginal discharge coming in contact with the conjunctival membrane of the eyes of the fœtus. This disease is more likely to occur if the second stage of labour is prolonged and in some cases the vaginal discharge being more acrid than in others the disease is more apt to occur. Children of strumous parents are more likely to suffer from it.

The treatment should be to keep the eyes as clean as possible, they should be well syringed out with tepid water and the discharge not allowed *accumulate*. In addition to this the child's eyes should be bathed several times daily with a solution of alum.

WRITTEN EXAMINATION IN MEDICINE.

October 2nd, 1873—Afternoon.

Examiner—Professor COLAHAN, M.D.

1. State the various opinions advanced by Budd and Frerich's respectively, as to the nature and causes of Jaundice.

2. You are called to a case of Fever on the second day, and find the temperature in the axilla 104° F. What indication as to the type of the disease will this be? State the reasons for your opinion.

3. Give the differential diagnosis between Pleurisy with effusion on the left side, and extensive Pneumonia at the base of the left lung.

4. What is the habitat of the Vermicular Ascarides? Describe their appearance, and the symptoms to which they give rise. How may they affect the constitution generally? By what means would you diagnose them, and what would be your treatment?

5. Describe fully the various symptoms and constitutional conditions, which imperatively require the administration of stimulants in the various forms of Fever.

6. What do you understand by Sporadic, and what by Epidemic Cholera? Compare the clinical history of these two diseases, and state the characteristic symptoms which would enable you to distinguish between the one and the other.

ANSWERS OF CANDIDATE, NO. 232, WHO PASSED.

1. Jaundice is a disease which is characterized by the retention in the blood of the colouring matter of the bile, owing either to obstruction of its passage into the gall-bladder or to suppression of the action of the liver.

Frerich's says that if there be intense jaundice we may conclude that obstruction to its flow prevails, for there is no bile in the blood going to the liver but is secreted there from the materials supplied, so that we may presume then, that the liver cells must be more or less active or there would not be such an amount of jaundice, inasmuch as there would be no bile to be absorbed.

Whereas when only slight jaundice exists we may presume that it is due to suppression of the secretion on account of disease of the hepatic cells, as there is no bile to be absorbed, since none has been secreted.

In this disease, the skin and conjunctiva are of a yellow colour and substances appear of the same colour to the patient, the hue of skin being due to the biline or colouring matter of the bile being circulated with the blood.

2. It will indicate the disease to be typhoid fever, because in this malady the temperature rises very quickly attaining 104° or 105° on the evening of the second day. It will also show that the poisoning of the blood and severity of the disease is very great; the reason of it is that there must be considerable destruction and degeneration of tissue, with the retention of effete material in the blood.

3. In pleurisy with effusion there will be *dullness* or percussion over the dependent part of the lung, in no matter what position the patient be placed; while in pneumonia of the base of the lung, the dullness will altogether be confined to the part of the lung affected. Again by practising succussion in case of pleurisy, we may be able to *ellicit* the splash and metallic tinkling, which are absent in pneumonia—in the latter there will be rust-coloured expectoration, and in pleuritic effusion the vocal fremitus is absent.

4. The rectum, they are small white worms about a quarter or half an inch in length, they give rise to severe itching and irritation about the anus, disturbed sleep, with startings, dreaming, nightmare, and grinding of the teeth, and sometimes they cause epilepsy and other convulsive affections, owing to the reflex action they excite by their irritation.

They affect the constitution by causing loss of appetite, derangement of the secretions, and consequent emaciation and debility; while their irritating qualities *has* an injurious effect on the nervous system.

They may be diagnosed by the itching and irritation which they occasion, and more especially by the presence of some of the worms in the stools, and by attention to the various symptoms mentioned above.

The treatment consists of administering an enema composed of, say—

Tinct. Ferri Perchl. ʒij.

Inf. Quassia, ʒviij.

Or solutions of sulphate of iron with infusion of quassia, in form of an enema, may be used, or cold water enemas, but the quassia and iron enema is considered the best treatment.

Subsequently we will give tonics and remedies to regulate the bowels and counteract any tendency to constipation, and order wholesome food with plenty of exercise in the open air.

5. A weak fluttering pulse, low muttering delirium, a brown or dirty black-coated tongue, heavy stupor and insensibility, and especially when the first or systolic sound of the heart is very weak or entirely inaudible.

When the patient lies in a state of complete unconsciousness, with the pupils insensible to light, and low muttering delirium is present, stimulants may then prevent the patient from passing into profound coma and death.

6. Sporadic cholera is a non-malignant variety of the disease, a few individuals scattered here and there through the community, while epidemic cholera is a malignant variety of the same visiting various places and attacking numerous individuals at once.

In the case of the sporadic cholera, there is diarrhoea with rice-water evacuations, coldness of the surface, cramps, and diminished circulation, while in the epidemic disease, those symptoms before mentioned are greatly aggravated, the diarrhoea rice-water evacuations and cramps are much more severe, and above all these is suppression of urine. The respiration is much impeded and there is icy coldness of the surface of the body, the nose, tongue, and even the breath. The intensity and severity of the general symptoms and more especially the suppression of urine will serve to distinguish epidemic from sporadic cholera.

ANSWER OF CANDIDATE, No. 233, WHO WAS REJECTED.

1. Frerich described two *varieties* of jaundice which he called hepato-genitic and hæmato-genitic jaundice. The former corresponds to jaundice from obstruction; the bile is fully formed but owing to some obstructions is retained in the ducts and is reabsorbed into the blood. In this case the bile acids will be found in the urine. In the second variety the jaundice is due to some defect either in the liver cells or in the blood, and in this case no bile acids will be found in the urine because none are formed. This latter is by far the most serious disease.

2. If called to such a case I should be inclined to think the fever was Typhus. In this disease the temperature rises rapidly for the first three days, more rapidly than in Typhoid.

However I would not like to come to a positive conclusion without enquiring into other symptoms connected with the case.

This case might possibly be a case of cerebro-spinal fever, the temperature goes up very high in this disease.

3. In the pleuritic effusion the amount of dulness on percussion will vary with position of the patient, provided the amount of effusion is not sufficient to fill up the entire plural cavity. Thus, if the patient is standing up the dulness will be low down, and if the patient is lying on his back, the fluid will gravitate to the back part of the pleural cavity, and no dulness will be discovered in front either in the upper or lower part of the lung, and on auscultation the air can be discovered entering the lower part of the lung.

On the other hand in pneumonia there will be no change in the dulness, when patient's position is altered, and no air will be heard on auscultation to enter the lung, (the vesicular *murmur* will be completely absent).

In such a case as this we should ask to see any matter which the patient may have coughed up in the first stage. This in pneumonia will be a rusty colored *sputa*, from the admixture of blood with it, the rusty *sputa* sticks tenaciously to the bottom of the vessel, and it may be even inverted without the contents falling out. This *sputa* is one of the most certain diagnostic marks of pneumonia.

4. The vermicular ascarides are found in the large intestines, but they may migrate sometimes into the small intestines through the ilio-cæcal. In appearance they resemble a bundle of small threads, twisted together and coiled upon themselves.

The presence of these worms may give rise to diarrhoea, or to irritation of the bladder.

The constitutional symptoms are a great *waisting* of the body and general weakness, loss of sleep at night; or, if the child does obtain sleep, it will be restless and will often grind its teeth together.

The diagnosis is the appearance, in the stools, of the worms; and, according to some authorities, the ova will always be seen on a microscopic examination of the fæces.

The medicines that may be given are, turpentine, or oil of male fern: enemata of turpentine may also be used.

When a vermifuge is used a purgative should first be given, and some time after the vermifuge and then another purgative.

5. In a case of fever if the pulse rise above 100 beats in a minute, or the temperature above 102° or 103° I would give stimulants, or if there is an excited action of the heart with a weak or *imperceptible* pulse at the wrist, or if on placing my hand over the patient's heart I could not feel it beat.

6. By sporadic cholera I understand an ordinary attack of diarrhoea, the symptoms, however, being more severe than usual. This disease is sometimes called English cholera in contradistinction to the epidemic which is also called Asiatic cholera. The symptoms of sporadic variety are a bad diarrhoea.

This consists first of the contents of the intestinal canal, and afterwards of a watery discharge of a dirty brownish color. The general symptoms are a quick, weak, pulse, furred tongue, and a general feeling of weakness; there may nausea and even vomiting in some cases, but this may not be present.

In the epidemic cholera the symptoms are much more severe in every respect. They commence first with a severe attack of diarrhoea which cannot be distinguish from ordinary diarrhoea. This continues for some couple of days, and then are replaced by the characteristic evacuations of this disease. These consist of evacuations having the appearance of rice-water, and, on standing for some time, a white flocculent deposit forms in them.

In addition to these symptoms there is always severe vomiting, and this is of a most obstinate character, the stomach appearing to be incapable of retaining anything. These symptoms continue for a variable, and then sets in the stage of collapse, the patient lies in a kind of stupor, the skin is cold and clammy. Cramps come on in the legs.

Finally complete coma sets in and death takes place.

This a general outline of the symptoms of Asiatic cholera, the most diagnostic point being the rice-water evacuations.

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